

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 17, 2002 8:00 am
Secretary of State

02-17-2002 90106 007 ****61.25

DOCUMENT # N45307

1. Entity Name

100 BLACK MEN OF JACKSONVILLE, FLORIDA, INC.

Principal Place of Business

Mailing Address

**1336 W EDGEWOOD AVENUE
 JACKSONVILLE FL 32208
 US**

**POST OFFICE BOX 2065
 JACKSONVILLE FL 32203**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3190565

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DILLARD, GENE
 1335 W EDGEWOOD
 JACKSONVILLE FL 33208**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Gene Dillard

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
 NAME **PD PINNIX, KENNETH M**
 STREET ADDRESS **5485 RIVERTON RD**
 CITY-ST-ZIP **JACKSONVILLE FL 32277**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **VPOD TYSON, RICHARD L JR**
 STREET ADDRESS **1000 BROWARD RD, APT #808**
 CITY-ST-ZIP **JACKSONVILLE FL 32218**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **VPPD WOODEN, MELVIN A**
 STREET ADDRESS **1219 MAYPORT LANDING DRIVE**
 CITY-ST-ZIP **JACKSONVILLE FL 32233**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **VPDD HOLMES, DONALD**
 STREET ADDRESS **3740 WEXFORD HOLLOW RD. EAST**
 CITY-ST-ZIP **JACKSONVILLE FL 32224**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **S DILLARD, GENE**
 STREET ADDRESS **8483 COUNTRY CRK. BLVD.**
 CITY-ST-ZIP **JACKSONVILLE FL 32221**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **VPF YOKLEY, JR. H**
 STREET ADDRESS **1223 TURTLE CREEK DR**
 CITY-ST-ZIP **JACKSONVILLE FL 32218**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Gene Dillard
 SKENE DILLARD
 2-1-02

(904-924-2545)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)