

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90138 014 ****61.25

0043069

DOCUMENT # N34522

1. Entity Name

SOUTH CLEARWATER CITIZENS FOR PROGRESSIVE ACTION ASSOCIATION, INC.

Principal Place of Business

Mailing Address

1426 SOUTH GREENWOOD
 CLEARWATER FL 33756
 US

1120 KINGSLEY
 CLEARWATER FL 33756
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2994917

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TIEMAN, L D
1120 KINGLEY ST
CLEARWATER FL 33756

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 _____

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	RD	<input type="checkbox"/> Delete
NAME	TIEMAN, L. "DUKE"	
STREET ADDRESS	1120 KINGSLEY ST	
CITY-ST-ZIP	CLEARWATER FL 33756	
TITLE	VD	<input type="checkbox"/> Delete
NAME	JENKINS, JOHN	
STREET ADDRESS	1146 ALMA	
CITY-ST-ZIP	CLEARWATER FL 33756	
TITLE	SD	<input type="checkbox"/> Delete
NAME	TIEMAN, GENI	
STREET ADDRESS	1120 KINGSLEY ST	
CITY-ST-ZIP	CLEARWATER FL 33756	
TITLE	TD	<input type="checkbox"/> Delete
NAME	WOODS, LUCILLE	
STREET ADDRESS	1528 TILLEY AVENUE	
CITY-ST-ZIP	CLEARWATER FL 33756	
TITLE	D	<input type="checkbox"/> Delete
NAME	DUDLEY, LUCILLE	
STREET ADDRESS	1584 TILLEY AVENUE	
CITY-ST-ZIP	CLEARWATER FL 33756	
TITLE	D	<input type="checkbox"/> Delete
NAME	CARPENTER EMMET W.	
STREET ADDRESS	1565 SCRANTON AVENUE	
CITY-ST-ZIP	CLEARWATER FL 33756	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *L D Tieman*

23 Jan 2002 727.422.0404

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)