2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N9500000170 Jun 27, 2000 8:00 am Secretary of State THE CONCERNED CITIZENS OF MULBERRY AND THE SURRO 05-12-2000 90077 034 ****61.25 Mailing Address Principal Place of Business P.O. BOX-134 P.O. BOX 134 MULBERRY FL 33860-0134 MULBERRY FL 33860-0134 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0462157 Not Applicable \$8.75 Additional Country Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) TAYLOR, JULIE W 707 S.E. 3RD STREET MULBERRY FL 33860 Zip Code City 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be Make Check Payable to **FILE NOW:** Trust Fund Contribution. Added to Fees ~Department of State FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. **Z** Addition Secretary (s) TI7LE ☐ Change TITLE ☐ Delete Smith Ellestine TAYLOR, JULIE W NAME NAME CR2E037 601 N.W. 2nd. St STREET ADDRESS STREET ADDRESS 707 S.E. 3RD STREET CITY-ST-ZIP Mulberry, Fr. CITY-ST-ZIP MULBERRY FL 33860 Addition ☐ Change Delete TITLE TITLE Brown, Sandro BROWN, SANDRA NAME NAME 602 S.E. 5th St. STREET ADDRESS STREET ADDRESS 602 SE 5TH ST City-St-7ip CITY-ST-ZIP MULBERRY FL 33860 Mulberry, FL,33860 Addition TITLE ☐ Change D ☐ Delete Treasurer (T) TITLE COURTEAU, Robert NAME NAME Baker, Hazel 371 LAKE ERIE LN 300 S.E. 9HA Ave. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP. CITY-ST-ZIP MULBERRY FL-33860 Mulberry, FL 33660 ☐ Change ☐ Addition Trustee' (TR) TITLE AS ☐ Detete TITLE Bostic, Willie JOHNSON, DONNA NAME NAME STREET ADDRESS STREET ADDRESS 304 S.W. 3RD AVENUE 2225 3rd. St. CITY-ST-ZIP CITY-ST-ZIP MULBERRY FL 33860 Mulberry FL 33860 Addition D ☐ Change TITLE Oelete TITLE NAME **BAKER, ROOSEVELT** NAME STREET ADDRESS STREET ADDRESS 406 NW 1ST ST CITY-ST-ZIP CITY-ST-ZIP MULBERRY FL 33860 ☐ Addition ☐ Change TITLE CHAP ☐ Delete TITI F BROOKS, CHARLES NAME NAME STREET ADDRESS STREET ADDRESS 706 S.E. 3RD STREET CITY-ST-ZIP CITY-ST-ZIP MULBERRY FL 33860

12. I hereby certify that the information supplied with this filling 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 this 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:

MAURE AND TYPED OR PRINTED NAME OF SIGNING DIFFICER OR SACCTOR

April 24, 2000

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