

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90019 039 ****61.25

DOCUMENT # N95000000170

1. Entity Name

THE CONCERNED CITIZENS OF MULBERRY AND THE SURROUNDING AREAS INCORPORATED

Principal Place of Business

Mailing Address

P.O. BOX 134
 MULBERRY FL 33860-0134

P.O. BOX 134
 MULBERRY FL 33860-0134

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

65-0462157

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

TAYLOR, JULIE W
707 S.E. 3RD STREET
MULBERRY FL 33860

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 **P** ☐ Delete
 NAME **TAYLOR, JULIE W**
 STREET ADDRESS **707 S.E. 3RD STREET**
 CITY-ST-ZIP **MULBERRY FL 33860**

TITLE **S** ☐ Change ☒ Addition
 NAME **Smith, Ellestine**
 STREET ADDRESS **601 N.W. 2nd St.**
 CITY-ST-ZIP **Mulberry, FL 33860**

TITLE **D** ☐ Delete
 NAME **BOSTLE, WILLIE**
 STREET ADDRESS **2225 3RD ST**
 CITY-ST-ZIP **MULBERRY FL 33860**

TITLE **AS** ☐ Change ☐ Addition
 NAME **Hunt, Deloris**
 STREET ADDRESS **2645 4th Street**
 CITY-ST-ZIP **Mulberry, FL 33860**

TITLE **D** ☐ Delete
 NAME **COURTEAU, ROBERT**
 STREET ADDRESS **371 LAKE ERIE LN**
 CITY-ST-ZIP **MULBERRY FL 33860**

TITLE **T** ☐ Change ☒ Addition
 NAME **Lowe, Hazel**
 STREET ADDRESS **300 S.E. 9th ave.**
 CITY-ST-ZIP **Mulberry, FL 33860**

TITLE **V** ☐ Delete
 NAME **BROWN, SANDRA**
 STREET ADDRESS **602 SE 5TH STREET**
 CITY-ST-ZIP **MULBERRY FL 33860**

TITLE **D** ☐ Change ☒ Addition
 NAME **Scrocca, Andrew**
 STREET ADDRESS **214 Palm Dr.**
 CITY-ST-ZIP **Mulberry, FL 33860**

TITLE **D** ☐ Delete
 NAME **BAKER, ROOSEVELT**
 STREET ADDRESS **406 NW 1ST ST**
 CITY-ST-ZIP **MULBERRY FL 33860**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **CHAP** ☐ Delete
 NAME **BROOKS, CHARLES**
 STREET ADDRESS **706 S.E. 3RD STREET**
 CITY-ST-ZIP **MULBERRY FL 33860**

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:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 23, 2002
 Date

Daytime Phone #

CR2E037 (9/01)

(863) 701-1054