

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000004690

**FILED**  
**Aug 01, 2000 8:00 am**  
**Secretary of State**

08-01-2000 90005 045 \*\*\*\*61.25

1. Entity Name  
**HIGH POINT COMMUNITY PRIDE, INC.**

Principal Place of Business 5812 150TH AVE NORTH CLEARWATER FL 33760	Mailing Address 5812 150TH AVE NORTH CLEARWATER FL 33760
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address <b>P.O. Box 17296</b> Suite, Apt. #, etc.
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City & State <b>Clearwater, FL</b>	4. FEI Number <b>59-3529732</b>	Applied For <input type="checkbox"/> Not Applicable
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Zip <b>33762</b>	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent  
**BEEKMAN, FRANK**  
**5871 ROOSEVELT BLVD.**  
**CLEARWATER FL 33760**

7. Name and Address of New Registered Agent  
 Name **Lendel S. Bright**  
 Street Address (P.O. Box Number is Not Acceptable)  
**5861 Coffee Bean Dr**  
 City **Clearwater, FL** Zip Code **33760**

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 **Lendel S. Bright** *Lendel S. Bright* **7-27-00**  
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**  
**After September 13, 2000 min. will be \$236.25**

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C</b> <b>BRIGHT, LENDEL</b> <b>5861 COFFEE BEAN DR.</b> <b>CLEARWATER FL 33760</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>DATSKO, GLENDA</b> <b>15536 WAVERLY ST.</b> <b>CLEARWATER FL 33760</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>BROWN, DENETRIAS</b> <b>14935 55TH WAY N.</b> <b>CLEARWATER FL 33760</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>LEVER, FRAN</b> <b>15399 WAVERLY ST</b> <b>CLEARWATER FL 33760</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>GUBELIS, IRENE</b> <b>15318 WAVERLY ST.</b> <b>CLEARWATER FL 33760</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>BRIGHT, LENDEL</b> <b>5861 COFFEE BEAN DR.</b> <b>CLEARWATER FL 33760</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>D</b> <b>Mary Booth</b> <b>14775 Mockingbird Lane East</b> <b>Clearwater, FL 33760</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>D</b> <b>Vivian Evans</b> <b>6200 149th Street N.</b> <b>Clearwater, FL 33760</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Lendel S. Bright* **SIGNATURE REQUIRED** **7-27-00** **727-533-0730**  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (5/00)