

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N99000006613**

1. Entity Name

THE COMMUNITY DEVELOPMENT ASSOCIATION OF ST. PETERSBURG**FILED**
Apr 11, 2001 8:00 am
Secretary of State

04-11-2001 90125 011 *****70.00

Principal Place of Business

Mailing Address

P.O. BOX 13126
ST. PETERSBURG FL 33733-3126P.O. BOX 13126
ST. PETERSBURG FL 33733-3126**A0046740**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3606615**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

CUTLIFF, YATE K
501 1ST AVENUE, NORTH, SUITE 507
ST. PETERSBURG FL 33701

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 ☐ Delete
NAME **D**
STREET ADDRESS **AQUIL, ASKIA M**
CITY-ST-ZIP **1640 MARTIN LUTHER KING STREET S.**
ST. PETERSBURG FL 33701TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME **D**
STREET ADDRESS **BROWN, ROBERT L**
CITY-ST-ZIP **P.O. BOX 14468**
ST. PETERSBURG FL 33733-4468TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☒ Delete
NAME **D**
STREET ADDRESS **CARPENTER, ALONZA**
CITY-ST-ZIP **P.O. BOX 17033**
ST. PETERSBURG FL 33733-7033TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME **D**
STREET ADDRESS **CUTLIFF, YATE K**
CITY-ST-ZIP **501 1ST AVENUE NORTH, SUITE 507**
ST. PETERSBURG FL 33701TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☒ Delete
NAME **D**
STREET ADDRESS **FILLYAU, ERNEST L SR**
CITY-ST-ZIP **2366 7TH AVENUE SOUTH**
ST. PETERSBURG FL 33712TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☒ Delete
NAME **D**
STREET ADDRESS **KETTLER, CLAYTON**
CITY-ST-ZIP **2401 17TH STREET SOUTH**
ST. PETERSBURG FL 33712TITLE ☐ 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:

Yate K. Cutliff
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR4/6/01
Date727-827-3671
Daytime Phone #

CR2E037 (10/00)