

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 08, 2002 8:00 am
Secretary of State

07-08-2002 90226 029 ****70.00

DOCUMENT # N99000006613

1. Entity Name

THE COMMUNITY DEVELOPMENT ASSOCIATION OF ST. PETERSBURG, INC.

Principal Place of Business

Mailing Address

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

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

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

59-3606615

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

6/1.25
After September 13, 2002,
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
 NAME **AQUIL, ASKIA M**
 STREET ADDRESS **1640 MARTIN LUTHER KING STREET S.**
 CITY-ST-ZIP **ST. PETERSBURG FL 33701**

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

TITLE **D** ☒ Delete
 NAME **BROWN, ROBERT L**
 STREET ADDRESS **P.O. BOX 14468**
 CITY-ST-ZIP **ST. PETERSBURG FL 33733-4468**

TITLE ☐ Change ☒ Addition
 NAME **Director**
 STREET ADDRESS **Smith, George B.**
 CITY-ST-ZIP **P.O. Box 13003, St. Petersburg, FL 33733**

TITLE **D** ☐ Delete
 NAME **CUTLIFF, YATE K**
 STREET ADDRESS **501 1ST AVENUE NORTH, SUITE 507**
 CITY-ST-ZIP **ST. PETERSBURG FL 33701**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
 NAME **Director**
 STREET ADDRESS **Bennett, Rodney**
 CITY-ST-ZIP **658 60th Ave. S.**
St. Petersburg, FL 33705

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 REQUIRED

7/3/2002 **727**
848-3323

CR2E037 (4/02)