

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 755438

1. Entity Name

THE CITIZENS' IMPROVEMENT LEAGUE OF WIMAUMA, FLO

FILED
Sep 14, 2000 8:00 am
Secretary of State

09-14-2000 90009 007 ****61.25

Principal Place of Business

POST OFFICE BOX 215
WIMAUMA FL 33598

Mailing Address

POST OFFICE BOX 215
WIMAUMA FL 33598

DEPARTMENT OF STATE



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

WIMAUMA

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 825

Suite, Apt. #, etc.

City & State

WIMAUMA FLORIDA

Zip

33598

Country

HILLSBOROUGH

City & State

WIMAUMA FLORIDA

Zip

33598

Country

HILLSBOROUGH

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BERRIEN, JAMES
5803 VEL STREET
P.O. BOX 215
WIMAUMA FL 33598-7215

← SAME

7. Name and Address of New Registered Agent

Name

JAMES M. BERRIEN

Street Address (P.O. Box Number is Not Acceptable)

P.O. Box 215

5803 VEL STREET

City

WIMAUMA

FL

Zip Code

33598

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

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	PD	<input type="checkbox"/> Delete
NAME	BERRIAN, JAMES W.	
STREET ADDRESS	5825 58TH CT	
CITY-ST-ZIP	TAMPA FL 33619	
TITLE	SD	<input type="checkbox"/> Delete
NAME	CARRIE, HELEN	
STREET ADDRESS	115 RAILROAD ST	
CITY-ST-ZIP	WIMAUMA FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	JACKSON, HAZEL	
STREET ADDRESS	5917 ALLY ST	
CITY-ST-ZIP	WIMAUMA FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BERRIEN, JAMES	
STREET ADDRESS	5803 VEL ST.	
CITY-ST-ZIP	WIMAUMA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	YOUNG, GLORIA	
STREET ADDRESS	5913 BASSA ST	
CITY-ST-ZIP	WIMAUMA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: JAMES M. BERRIEN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(813) 621-3397

CR2E037 (5/00)