

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 755438**

1. Entity Name

THE CITIZENS' IMPROVEMENT LEAGUE OF WIMAUMA, FLO**FILED**
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90019 037 ****61.25

Principal Place of Business

WIMAUMA
WIMAUMA FL 33598

Mailing Address

POST OFFICE BOX 825
WIMAUMA FL 33598**550114**

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

NOT APPLICABLE

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

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

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 \$61.259. 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	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
PD	BERRIAN, JAMES W.	5825 58TH CT	TAMPA FL 33619	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
SD	CARRIE, HELEN	115 RAILROAD ST	WIMAUMA FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
TD	JACKSON, HAZEL	5917 ALLY ST	WIMAUMA FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
VD	BERRIEN, JAMES	5803 VEL ST.	WIMAUMA FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	YOUNG, GLORIA	5913 BASSA ST	WIMAUMA FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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 W. BERRIEN** *James W. Berrien* 5-5-01 (813) 621-3397

CR2E037 (10/00)