

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 755438

1. Entity Name

THE CITIZENS' IMPROVEMENT LEAGUE OF WIMAUMA, FLORIDA, INC.

Principal Place of Business

WIMAUMA
WIMAUMA FL 33598

Mailing Address

POST OFFICE BOX 825
WIMAUMA FL 33598

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

NOT APPLICABLE

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

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 \$61.25

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 PD
NAME BERRIAN, JAMES W.
STREET ADDRESS 5825 58TH CT
CITY-ST-ZIP TAMPA FL 33619 ☐ Delete

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

TITLE SD
NAME CARRIE, HELEN
STREET ADDRESS 115 RAILROAD ST
CITY-ST-ZIP WIMAUMA FL ☒ Delete

TITLE
NAME JOSEPH GARRIS
STREET ADDRESS 2116 TAFT ST
CITY-ST-ZIP WIMAUMA FL ☒ Change ☐ Addition

TITLE TD
NAME JACKSON, HAZEL
STREET ADDRESS 5917 ALLY ST
CITY-ST-ZIP WIMAUMA FL ☐ Delete

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

TITLE VD
NAME BERRIEN, JAMES
STREET ADDRESS 5803 VEL ST.
CITY-ST-ZIP WIMAUMA FL ☐ Delete

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

TITLE D
NAME YOUNG, GLORIA
STREET ADDRESS 5913 BASSA ST
CITY-ST-ZIP WIMAUMA FL ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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: JAMES W. BERRIEN JAMES W. BERRIEN 4-29-02 (813) 621-3397

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)