

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **M84656**

1. Entity Name

**COMMUNITY OUTREACH PROGRAM, INC.**

Principal Place of Business

**C/O ALLAN C. HILL  
2477 STICKNEY POINT RD., STE. 321 B  
SARASOTA FL 34231**

Mailing Address

**C/O ALLAN C. HILL  
2477 STICKNEY POINT RD., STE. 321 B  
SARASOTA FL 34231**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

**HILL, ALLAN C.  
2477 STICKNEY POINT RD.  
SUITE 311-B  
SARASOTA FL 34231**

7. Name and Address of New Registered Agent

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

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2002 Fee will be \$550.00  
Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D HILL, ALLAN C. 2477 STICKNEY PT. RD. SARASOTA FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-17-02

Date

(941) 923-4758

Daytime Phone #

DO NOT WRITE IN THIS SPACE



**FILED**  
**Jul 15, 2002 8:00 am**  
**Secretary of State**

06-25-2002 90439 015 \*\*\*150.00

07-15-2002 90190 035 \*\*\*400.00

CR2E034 (9/01)

*Attachment*

*B0129116*

**Community Outreach Program, Inc.**  
2477 Stickney Point Road, Suite 311B, Sarasota, FL 34231  
(941)923-4758 fax (941)923-6774

7/9/02

Division of Corporations  
P O Box 1500  
Tallahassee, FL 32302-1500

RE: M84656

Community Outreach Program, Inc.

Please find enclosed a check for \$400.00 for the late fee for the 2002 Uniform Business Report. A check for \$150.00 for the annual fee has already been submitted.

Respectfully,

*Sandra Miles*

Sandra Miles  
Administrative Assistant

/slm

encl.