

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000002459

1. Entity Name

LEE DAVIS NEIGHBORHOOD CHILDREN AND FAMILY DEVEL

Principal Place of Business

3402 NORTH 22ND STREET
TAMPA FL 33605

Mailing Address

3402 NORTH 22ND STREET
TAMPA FL 33605

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SIMS, W.D. REV.
3402 NORTH 22ND STREET
TAMPA FL 33605

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

10-17-01

FILE NOW: FEE IS \$61.25
After September 12, 2001, 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: CD
NAME: SIMS, W.D. REV.
STREET ADDRESS: 2628 27TH AVE
CITY-ST-ZIP: TAMPA FL 33605 ☐ Delete

TITLE: VCD
NAME: AYDELOTTE, JOSEPH REV.
STREET ADDRESS: 4603 N BOOKER T DRIVE
CITY-ST-ZIP: TAMPA FL 33610 ☒ Delete

TITLE: SD
NAME: EDWARDS-MICKLER, DAPHNEY
STREET ADDRESS: 8211 CLERMONT STREET
CITY-ST-ZIP: TEMPLE TERRACE FL 33637 ☐ Delete

TITLE: D
NAME: WALKER, DAVID SR
STREET ADDRESS: 3006 33RD AVE
CITY-ST-ZIP: TAMPA FL 33610 ☐ Delete

TITLE: D
NAME: JUDGE, MAE ALICE
STREET ADDRESS: 4803 ASHLAND DRIVE
CITY-ST-ZIP: TAMPA FL 33610 ☐ Delete

TITLE: D
NAME: HARRIS, CLIFFORD JR
STREET ADDRESS: 3206 EAST GIDDENS AVE
CITY-ST-ZIP: TAMPA FL 33610 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: ☐ Change ☐ Addition
NAME: 500004677165--0
STREET ADDRESS: -11/13/01--01078--025
CITY-ST-ZIP: ****236.25 ****236.25

TITLE: VCD ☒ Change ☐ Addition
NAME: Samantha McDonald
STREET ADDRESS: 3402 N. 22nd St.
CITY-ST-ZIP: Tampa, FL. 33605

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

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NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
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:

Signature Required: Sims

10-17-01

272-5220 (812)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT 22 PM 4:44



REINSTATEMENT

DO NOT WRITE IN THIS SPACE

0011302

CR2E037 (5/01)

AD