

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 08, 2002 8:00 am
Secretary of State

02-08-2002 90020 049 ****70.00

DOCUMENT # N00000002459

1. Entity Name

LEE DAVIS NEIGHBORHOOD CHILDREN AND FAMILY DEVELOPMENT CORPORATION

Principal Place of Business

Mailing Address

**3402 NORTH 22ND STREET
TAMPA FL 33605**

**3402 NORTH 22ND STREET
TAMPA FL 33605**

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 **1605962**
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

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

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 **CD** ☐ Delete
NAME **SIMS, W.D. REV.**
STREET ADDRESS **2628 27TH AVE**
CITY-ST-ZIP **TAMPA FL 33605**

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

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

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

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

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

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

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

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

TITLE ☐ Change ☒ Addition
NAME **Director**
STREET ADDRESS **Issac Thomas**
CITY-ST-ZIP **15111 Laurel Cove Cr.**
Odessa, FL. 33556

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-16-02

813-628-4622

Date

Daytime Phone #

CR2E037 (9/01)