

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 26, 2002 8:00 am**  
**Secretary of State**

08-26-2002 90050 031 \*\*\*\*61.25

**DOCUMENT # N00000003735**

1. Entity Name

**TWINBROOKS NEIGHBORHOOD ASSOCIATION, INC.**

Principal Place of Business

**2218 45TH ST SOUTH  
 SAINT PETERSBURG FL 33711**

Mailing Address

**P O BOX 531901  
 4222 22ND AVE SOUTH  
 SAINT PETERSBURG FL 33747**

**DU135270**



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

**59-3647835**

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

**CUTLIFF, CONNIE C  
 2218 45TH STREET SOUTH  
 SAINT PETERSBURG FL 33711**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**After September 13, 2002,  
 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE VP  
 NAME DICKEY, ERNEST  
 STREET ADDRESS 2026 QUINCY STREET SOUTH  
 CITY-ST-ZIP SAINT PETERSBURG FL 33711 ☐ Delete

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

TITLE P  
 NAME LEWIS, RANDY  
 STREET ADDRESS 2319 41ST ST SOUTH  
 CITY-ST-ZIP SAINT PETERSBURG FL 33711 ☒ Delete

TITLE P  
 NAME JAMES B. (RANDY) LEWIS  
 STREET ADDRESS 4118 24TH AVE. SO.  
 CITY-ST-ZIP ST. PETERSBURG FL 33711 ☒ Change ☐ Addition

TITLE S  
 NAME CUTLIFF, CONNIE C  
 STREET ADDRESS 2218 45TH STREET SOUTH  
 CITY-ST-ZIP SAINT PETERSBURG FL 33711 ☐ Delete

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

TITLE T  
 NAME DENNIS, QUEEN  
 STREET ADDRESS 2510 QUINCY STREET SOUTH  
 CITY-ST-ZIP SAINT PETERSBURG FL 33711 ☐ Delete

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

TITLE BOB  
 NAME MEIER, RITA  
 STREET ADDRESS 4510 22ND AVE SOUTH  
 CITY-ST-ZIP SAINT PETERSBURG FL 33711 ☐ Delete

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

TITLE D  
 NAME HOON, PRISCILLA  
 STREET ADDRESS 4319 QUINCY STREET SOUTH  
 CITY-ST-ZIP SAINT PETERSBURG FL 33711 ☐ 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:

**SIGNATURE REQUIRED**

8/17/02

727-323-1627

CR2E037 (4/02)