

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2002 8:00 am
Secretary of State

03-24-2002 90018 042 ****61.25

DOCUMENT # N00000008311

1. Entity Name

EMERGING ISSUES POLICY FORUM, INCORPORATED

Principal Place of Business

Mailing Address

101 E UNION ST. STE. 201
JACKSONVILLE FL 32202

101 E UNION ST. STE. 201
JACKSONVILLE FL 32202

2. Principal Place of Business

614 Grand Highway

3. Mailing Address

P.O. Box 120423

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Clermont, FL

City & State

Clermont, FL

4. FEI Number

59-3686885

Applied For

Not Applicable

Zip

34711

Country

U.S.A.

Zip

34712

Country

U.S.A.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PARKER, AVA L
101 E UNION ST, STE. 201
JACKSONVILLE FL 32202

Name

Tina Watts

Street Address (P.O. Box Number is Not Acceptable)

614 Grand Hwy

City

Clermont

FL

Zip Code

34711

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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PARKER, AVA L	
STREET ADDRESS	101 E UNION ST, STE. 201	
CITY-ST-ZIP	JACKSONVILLE FL 32202	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	STEWART, DELICIA	
STREET ADDRESS	143 DAWN LAUREN LN	
CITY-ST-ZIP	TALLAHASSEE FL 32301	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BOBO, ROSEZETTA	
STREET ADDRESS	1122 SEMINOLE DR	
CITY-ST-ZIP	TALLAHASSEE FL 32301	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Julia L. Johnson	
STREET ADDRESS	614 Grand Hwy	
CITY-ST-ZIP	Clermont, FL 34711	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Chan Bryant-Abney	
STREET ADDRESS	200 E. Broward Blvd.	
CITY-ST-ZIP	Ft. Lauderdale, FL 33301	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Yolanda Cash-Jackson	
STREET ADDRESS	3111 Stirling Road	
CITY-ST-ZIP	Ft. Lauderdale, FL 33312	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Julia L. Johnson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Day

3/8/02 352-243-9728

Daytime Phone #

CR2E037 (9/01)