

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 25, 2002 8:00 am
Secretary of State

02-25-2002 90575 006 ****70.00

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1. Entity Name

COALITION FOR A SAFE AND DRUG FREE ST. PETERSBURG, INC.

Principal Place of Business

Mailing Address

**MARTIN LUTHER KING ST. S.
 PETERSBURG FL 33705**

**1735 MARTIN LUTHER KING ST. S.
 ST. PETERSBURG FL 33705**

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

59-3716916

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

**HAYNES, WATSON L II
 1735 MARTIN LUTHER KING ST. S.
 ST. PETERSBURG FL 33705**

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 ☐ Delete
 NAME **D**
 STREET ADDRESS **DAVIS, GOLIATH J III, DR**
 CITY-ST-ZIP **1300 FIRST AVE. N
 ST. PETERSBURG FL 33705**

TITLE ☐ Change ☒ Addition
 NAME **President**
 STREET ADDRESS **Andrews, Arnold**
 CITY-ST-ZIP **1213 16th St. N., St. Petersburg, FL 33705**

TITLE ☐ Delete
 NAME **DP**
 STREET ADDRESS **JEMISON, ADELE VAUGHN**
 CITY-ST-ZIP **335 MADISON ST. S.
 ST. PETERSBURG FL 33711**

TITLE ☐ Change ☒ Addition
 NAME **D**
 STREET ADDRESS **Irions, Darrell**
 CITY-ST-ZIP **3252 5th Avenue N., St. Petersburg, FL 33713**

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **NERI, ROBERT**
 CITY-ST-ZIP **936 SE FORT KING ST.
 OCALA FL 34471**

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

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **SHEEHAN, JOHN M**
 CITY-ST-ZIP **1700 50TH ST. N
 ST. PETERSBURG FL 33710**

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

TITLE ☐ Delete
 NAME **DV**
 STREET ADDRESS **DAVIS, RICARDO**
 CITY-ST-ZIP **11201 DANKA CIRCLE N.
 ST. PETERSBURG FL 33716**

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

TITLE ☐ Delete
 NAME **DP**
 STREET ADDRESS **BERRY, IVETA MARTIN**
 CITY-ST-ZIP **1001 TENTH AVE. S.
 ST. PETERSBURG FL 33705**

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 REQUIRED

2/13/02 (727) 898-0908

CR2E037 (9/01)