

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 27, 2003 8:00 am**  
**Secretary of State**

03-27-2003 90118 016 \*\*\*\*61.25

**DOCUMENT # N01000000263**

1. Entity Name

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



Principal Place of Business

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

Mailing Address

**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)

**21 Dr. Martin Luther King St. South  
St. Petersburg, FL 33705**

City

**FL**

Zip Code

**33705**

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

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

TITLE **BC** ☒ Change ☐ Addition  
NAME **Irons, Darrell**  
STREET ADDRESS **3252 8th Ave. N.**  
CITY-ST-ZIP **St. Petersburg, FL 33713**

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

TITLE **T** ☒ Change ☐ Addition  
NAME **Berry, Iveta Martin**  
STREET ADDRESS **1001 10th Ave. South**  
CITY-ST-ZIP **St. Petersburg, FL 33705**

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

TITLE **VC** ☐ Change ☒ Addition  
NAME **Michael Lewis**  
STREET ADDRESS **17757 45 Hwy 19, N, Ste 560**  
CITY-ST-ZIP **Clearwater, FL 33764**

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

TITLE **S** ☒ Change ☐ Addition  
NAME **Sheehan, John M.**  
STREET ADDRESS **1700 50th St. N.**  
CITY-ST-ZIP **St. Petersburg, FL 33710**

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

TITLE **D** ☐ Change ☒ Addition  
NAME **Battle, Michael**  
STREET ADDRESS **1955 1st Ave. N. #101**  
CITY-ST-ZIP **St. Petersburg, FL 33713**

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 another like empowered.

SIGNATURE:

*[Signature]*

**3/24/03**

CR2E037 (10/02)