

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 12, 2002 8:00 am**  
**Secretary of State**

08-12-2002 90009 031 \*\*\*\*61.25

**DOCUMENT # N17388**

1. Entity Name

**CARIBBEAN AMERICAN CULTURE ORGANIZATION OF ST. PETERSBURG, FLORIDA INCORPORATED**

Principal Place of Business

Mailing Address

600 CENTRAL AVE  
 ST PETERSBURG FL 33705  
 US

P.O. BOX 10817  
 ST. PETERSBURG FL 33733

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

**59-3079379**

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

**CHARLERY, GEORGE**  
**4651,25**  
**A15**  
**ST. PETERSBURG FL 33712**

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 PD  
 NAME CHARLERY, GEORGE  
 STREET ADDRESS 4651 25 AS  
 CITY-ST-ZIP ST. PETERSBURG FL

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE VD  
 NAME MOORE, JOSLIN  
 STREET ADDRESS 2025 64TH AVE SOUTH  
 CITY-ST-ZIP ST. PETERSBURG FL

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE TD  
 NAME KILLENS, ANNE  
 STREET ADDRESS 2224 16TH AVE SOUTH  
 CITY-ST-ZIP ST. PETERSBURG FL

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE SD  
 NAME HAMILTON, WILLIAM B  
 STREET ADDRESS 1927 QUINCY ST SO.  
 CITY-ST-ZIP ST. PETERSBURG FL

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE D  
 NAME SANDY, MICHAEL W  
 STREET ADDRESS 2000 16TH ST SO.  
 CITY-ST-ZIP ST. PETERSBURG FL

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE D  
 NAME ST ROSE, JOSEPH  
 STREET ADDRESS 4657 21ST AVE SO.  
 CITY-ST-ZIP ST. PETERSBURG FL

TITLE  
 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

Date

Daytime Phone #

CR2E037 (9/01)