

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2002 8:00 am
Secretary of State

03-06-2002 90093 045 ****61.25

DOCUMENT # N33008

1. Entity Name

COALITION FOR POSITIVE GROWTH MANAGEMENT, INC.

Principal Place of Business

Mailing Address

3653 LETITIA LANE
TALLAHASSEE FL 32312
US

3653 LETITIA LANE
TALLAHASSEE FL 32312
US

2. Principal Place of Business

3. Mailing Address

508-A Capital Circle SE
Suite, Apt. #, etc.

508-A Capital Circle SE
Suite, Apt. #, etc.

City & State

Tallahassee, Florida

City & State

Tallahassee, Florida

4. FEI Number

59-3055334

Applied For

Not Applicable

Zip

32301

Country

USA

Zip

32301

Country

USA

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

THOMAS, TED
3653 LETITIA LANE
TALLAHASSEE FL 32312

Name

Jay Bostwick

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

4800 Woodlane Circle

City

Tallahassee

FL

Zip Code

32303

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 Jay Bostwick, President

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

(NO Registered Agent signature required when reinstating)

2/21/02

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 DP ☒ Delete
NAME THOMAS, TED
STREET ADDRESS 3653 LETITIA LANE
CITY-ST-ZIP TALLAHASSEE FL 32312

TITLE D President ☒ Change ☐ Addition
NAME Jay Bostwick
STREET ADDRESS 4800 Woodlane Circle
CITY-ST-ZIP Tallahassee, Florida 32303

TITLE DV ☒ Delete
NAME POPE, BERT
STREET ADDRESS 3653 LETITIA LANE
CITY-ST-ZIP TALLAHASSEE FL 32312

TITLE D Vice President ☒ Change ☐ Addition
NAME John Riddle
STREET ADDRESS 1519 Killearn Center Blvd.
CITY-ST-ZIP Tallahassee, Florida 32309

TITLE DTS ☒ Delete
NAME GESHWILER, RICK
STREET ADDRESS 3653 LETITIA LANE
CITY-ST-ZIP TALLAHASSEE FL 32312

TITLE D Treasurer ☒ Change ☐ Addition
NAME Fred Saxon
STREET ADDRESS 1306 Hidden Timbers Place
CITY-ST-ZIP Tallahassee, Florida 32312

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D Secretary ☒ Change ☐ Addition
NAME Shellie Lowe
STREET ADDRESS 1400 Metropolitan Blvd.
CITY-ST-ZIP Tallahassee, Florida 32308

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D Alternate Secretary ☐ Change ☒ Addition
NAME Kristey Alexander
STREET ADDRESS 4800 Woodlane Circle
CITY-ST-ZIP Tallahassee, Florida 32303

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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
Jay Bostwick, President

2/21/02

562-1101

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)