

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 02, 2001 8:00 am
Secretary of State

02-02-2001 90264 009 ****61.25

DOCUMENT # N34522

1. Entity Name

SOUTH CLEARWATER CITIZENS FOR PROGRESSIVE ACTION

Principal Place of Business

**1426 SOUTH GREENWOOD
 CLEARWATER FL 33756
 US**

Mailing Address

**1120 KINGSLEY
 CLEARWATER FL 33756
 US**

912392



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-2994917

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**TIEMAN, L D
 1120 KINGLEY ST
 CLEARWATER FL 33756**

7. Name and Address of New Registered Agent

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

TITLE PD
 NAME TIEMAN, L. "DUKE"
 STREET ADDRESS 1120 KINGSLEY ST
 CITY-ST-ZIP CLEARWATER FL 33756 ☐ Delete

TITLE VD
 NAME JENKINS, JOHN
 STREET ADDRESS 1146 ALMA
 CITY-ST-ZIP CLEARWATER FL 33756 ☐ Delete

TITLE SD
 NAME TIEMAN, GENI
 STREET ADDRESS 1120 KINGSLEY ST
 CITY-ST-ZIP CLEARWATER FL 33756 ☐ Delete

TITLE TD
 NAME WOODS, LUCILLE
 STREET ADDRESS 1528 TILLEY AVENUE
 CITY-ST-ZIP CLEARWATER FL 33756 ☐ Delete

TITLE D
 NAME DUDLEY, LUCILLE
 STREET ADDRESS 1584 TILLEY AVENUE
 CITY-ST-ZIP CLEARWATER FL 33756 ☐ Delete

TITLE D
 NAME CARPENTER EMMET W.
 STREET ADDRESS 1565 SCRANTON AVENUE
 CITY-ST-ZIP CLEARWATER FL 33756 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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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 OF L. D. TIEMAN
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

27 JAN 2001 727-422-0404

Date

Daytime Phone #

CR2E037 (10/00)