

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N43048

1. Entity Name

CONCERNED UNITED PEOPLE, INC.

FILED

May 07, 2002 8:00 am  
Secretary of State

05-07-2002 90231 014 \*\*\*\*61.25

Principal Place of Business

ROUTE 1 BOX 43  
MONTICELLO FL 32344

Mailing Address

ROUTE 1 BOX 43  
MONTICELLO FL 32344

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3171709

Applied For

Not Applicable

Zip

Country

Zip

Country

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

MILLER, C. P., JR.  
ROUTE 1, BOX 43  
MONTICELLO FL 32344

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 NAME ☐ Delete  
DP MILLER, C. P. JR.  
STREET ADDRESS RT. 1 BOX 43  
CITY-ST-ZIP MONTICELLO FL

TITLE NAME ☒ Change ☐ Addition  
MILLER C.P. JR  
STREET ADDRESS 1146 CURTIS MILL ROAD  
CITY-ST-ZIP MONTICELLO FLA 32344

TITLE NAME ☐ Delete  
DVP BROWN, CLIFFORD  
STREET ADDRESS P.O. BOX 694  
CITY-ST-ZIP LAMONT FL 32345

TITLE NAME ☒ Change ☐ Addition  
CLIFFORD BROWN  
STREET ADDRESS P.O. Box 694 / 520 VIRGINIA ST.  
CITY-ST-ZIP MONTICELLO, FLA. 32345

TITLE NAME ☐ Delete  
DS ROGERS, MICHAEL  
STREET ADDRESS 835 SHADY LANE  
CITY-ST-ZIP MONTICELLO FL 32344

TITLE NAME ☒ Change ☐ Addition  
Rogers, Michael  
STREET ADDRESS P.O. Box 11085  
CITY-ST-ZIP Tallahassee, FL.

TITLE NAME ☐ Delete  
TD SEABROOKS, ARCHIE M  
STREET ADDRESS RT 2 BOX 21B  
CITY-ST-ZIP MONTICELLO FL

TITLE NAME ☒ Change ☐ Addition  
Seabrooks, Archie M.  
STREET ADDRESS 3099 Ashville Hwy  
CITY-ST-ZIP Monticello, FL.

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
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 Michael Rogers*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)