

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

DOCUMENT # N43048

1. Entity Name
CONCERNED UNITED PEOPLE, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

03 JUL -1 AM 9:12

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
1146 Curtis Mill Rd.

3. Mailing Address
1146 Curtis Mill Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Monticello, FL

City & State
Monticello, FL

Zip
32344

Country

Zip
32344

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number
59-3171709

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name
Agent the same
Street Address (P.O. Box Number is Not Acceptable)
1146 Curtis Mill Rd.
City
Monticello, FL Zip Code
32344

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 resigning)

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
MILLER, C. P. JR.
1146 CURTIS MILL RD.
MONTICELLO, FL 32344 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DVP
BROWNY, CLIFFORD
PO BOX 694/520 VIRGINIA ST.
MONTICELLO, FL 32345 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DS
ROGERS, MICHAEL
PO BOX 1086
TALLAHASSEE, FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
SEABROOKS, ARCHIE M
3099 ASHVILLE HWY.
MONTICELLO, FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
500021278895
07/02/03--01071--002 **61.25

TITLE VP/D
NAME
STREET ADDRESS
CITY-ST-ZIP
Barnhart, Byron J.
1086 Cook Rd.
Lamont, FL 32344 ☐ Change ☒ Addition

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

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

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

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

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:

C.P. Miller C.P. MILLER

Date

Daytime Phone #

CR2037 (10/02)