

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90074 007 ****61.25

DOCUMENT # N50412

1. Entity Name

COMMUNITY OUTREACH OF UMATILLA, INC.

Principal Place of Business

P.O. BOX 781
 UMATILLA FL 32784
 US

Mailing Address

P.O. BOX 781
 UMATILLA FL 32784
 US

2. Principal Place of Business

38906 Pearl St
 Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 781
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Umatilla FL

City & State

Umatilla FL

4. FEI Number

59-3144737

Applied For

Not Applicable

Zip

32784

Country

USA

Zip

32784

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

RODWELL, TYRONE E.
 38906 PEARL ST.
 UMATILLA FL 32784

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 *Tyrone E. Rodwell PD*
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Community Outreach of Umatilla FL
 DATE 4/30/01

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	<input type="checkbox"/> Delete
NAME	RODWELL, TYRONE	
STREET ADDRESS	38906 PEARL ST	
CITY-ST-ZIP	UMATILLA FL 32784	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	MOORE, JESSE	
STREET ADDRESS	38345 CHURCH ST	
CITY-ST-ZIP	UMATILLA FL	
TITLE	TT	<input type="checkbox"/> Delete
NAME	DONALDSON, MARY	
STREET ADDRESS	P.O. BOX 2065	
CITY-ST-ZIP	UMATILLA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Denise Rodwell PD*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE 4/30/01

Date Daytime Phone #

CR2E037 (10/00)