

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000000291

1. Entity Name

COMMUNITY INTERVENTION AND RESEARCH CENTER, INC.

**FILED**  
**Mar 03, 2000 8:00 am**  
**Secretary of State**

03-03-2000 90267 038 \*\*\*\*61.25

Principal Place of Business	Mailing Address
345 S. MAGNOLIA DRIVE SUITE E-11 TALLAHASSEE FL 32301 US	345 S. MAGNOLIA DRIVE SUITE E-11 TALLAHASSEE FL 32301-2951 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State		
Zip	Country	Zip	Country

4. FEI Number	Applied For
59-3160048	Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

PATRICK, JAMES  
4263 MILLWOOD LANE  
TALLAHASSEE FL 32312

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	PATRICK, JAMES	
STREET ADDRESS	4263 MILLWOOD LANE	
CITY-ST-ZIP	TALLAHASSEE FL 32312	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	BURKHEAD, CHARLES	
STREET ADDRESS	RT. 3 BOX 3975	
CITY-ST-ZIP	HAVANA FL 32333	
TITLE	DT	<input type="checkbox"/> Delete
NAME	BURKHEAD, EVELYN	
STREET ADDRESS	RT. 3 BOX 3975	
CITY-ST-ZIP	HAVANA FL 32333	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	PAULINE, PATRICK	
STREET ADDRESS	4263 MILLWOOD LANE	
CITY-ST-ZIP	TALLAHASSEE FL 32312	
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	
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	
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: Charles Burkhead REQUIRED 2/28/00 (850) 656-1446

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)