

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 07, 2001 8:00 am
Secretary of State

08-07-2001 90008 042 ****61.25

DOCUMENT # N93000000291

1. Entity Name

COMMUNITY INTERVENTION AND RESEARCH CENTER, INC.

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~~
~~US~~

2. Principal Place of Business

1629 MAHAN CENTER BLVD.

Suite, Apt. #, etc.

3. Mailing Address

1629 MAHAN CENTER BLVD

Suite, Apt. #, etc.

City & State

TALLAHASSEE, FLORIDA

City & State

TALLAHASSEE, FLORIDA

4. FEI Number

59-3160048

Applied For

☒ Not Applicable

Zip

32308

Country

USA

Zip

32308

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

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

Charles E Burkhead

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

7/18/07

FILE NOW: FEE IS \$61.25

After September 12, 2001, min. will be \$236.25

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 DP ☐ Delete
 NAME PATRICK, JAMES
 STREET ADDRESS 4263 MILLWOOD LANE
 CITY-ST-ZIP TALLAHASSEE FL 32312

TITLE DVP ☐ Delete
 NAME BURKHEAD, CHARLES
 STREET ADDRESS RT. 3 BOX 3975
 CITY-ST-ZIP HAVANA FL 32333

TITLE DT ☐ Delete
 NAME BURKHEAD, EVELYN
 STREET ADDRESS RT. 3 BOX 3975
 CITY-ST-ZIP HAVANA FL 32333

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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:

Charles E Burkhead

7/31/01

CR2E037 (5/01)