

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N93000002860**

1. Entity Name

CHILDS PARK OUTREACH, INC.**FILED****Mar 14, 2001 8:00 am**
Secretary of State

03-14-2001 90509 039 ****61.25

Principal Place of Business

Mailing Address

**3940 - 18TH AVENUE SOUTH
ST. PETERSBURG FL 33711****3940 - 18TH AVENUE SOUTH
ST. PETERSBURG FL 33711**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0442121

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

**PIERCE, GREGORY R
1735 NEWARK ST SOUTH
ST. PETERSBURG FL 33711**

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 **D** ☐ Delete
NAME **RATZLAFF, DONNA**
STREET ADDRESS **3835 35 ST SOUTH #100**
CITY-ST-ZIP **ST. PETERSBURG FL**TITLE **V/D/** ☐ Change ☐ Addition
NAME **Kathryn Sweatt**
STREET ADDRESS **122 6th Av. North**
CITY-ST-ZIP **St. Petersburg, Fl. 33701**TITLE **PD** ☐ Delete
NAME **PIERCE, GREGORY R**
STREET ADDRESS **1735 NEWARK ST SOUTH**
CITY-ST-ZIP **ST. PETERSBURG FL**TITLE **D** ☐ Change ☐ Addition
NAME **Vera Noble**
STREET ADDRESS **1035 40th. Street South**
CITY-ST-ZIP **St. Petersburg, Fl 33711**TITLE **DT** ☒ Delete
NAME **RILEY, TONYA**
STREET ADDRESS **2539 MADRID WY S**
CITY-ST-ZIP **ST PETERSBURG FL 33711**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **V** ☒ Delete
NAME **JACKSON, EARLENE**
STREET ADDRESS **3758 ABINGTON AVE. S.**
CITY-ST-ZIP **ST. PETERSBURG FL**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **DS** ☐ Delete
NAME **OXENDINE, DOROTHY**
STREET ADDRESS **2120 19TH STREET S**
CITY-ST-ZIP **ST PETERSBURG FL 33712**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☒ Delete
NAME **RILEY, TONJA**
STREET ADDRESS **6001-7TH ST. S.**
CITY-ST-ZIP **ST. PETERSBURG FL**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:

GREGORY R PIERCE **Gregory R Pierce** **3/8/01** **(727) 820-5146**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)