

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2001 8:00 am
Secretary of State

05-23-2001 91174 012 ****70.00

DOCUMENT # *N93000005018*

1. Entity Name
Sergeant Allen Moore Community Partnership, Inc.

Principal Place of Business <i>1201 N. Betty Ln</i> <i>Clearwater, FL 33755</i> <i>US</i>	Mailing Address <i>1201 N. Betty Ln.</i> <i>Clearwater, FL 33755</i> <i>3306 US</i>
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State	4. FEI Number	Applied For Not Applicable
Zip	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

A0071289

6. Name and Address of Current Registered Agent <i>Smiley, Joseph</i> <i>1201 North Betty Ln</i> <i>Clearwater FL 33755</i>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
<i>Smiley, Joseph</i> <i>1201 N. Betty Ln</i> <i>Clearwater FL 33755</i>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
<i>Dixon, Bernard</i> <i>11204 Gorda Cir.</i> <i>Largo, FL 3</i>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
<i>Roxas, Larry</i> <i>P.O. Box 546</i> <i>Clearwater, FL</i>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
<i>Stevens, Forestine</i> <i>1470 Woodbine Street</i> <i>Clearwater, FL</i>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
<i>Nemzek, Marge</i> <i>8287 Manor Blvd. N.</i> <i>Clearwater, FL</i>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	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)(f), 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: *Forestine Stevens* **5/17/01** **(727) 442-0059**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/00)