

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2002 8:00 am
Secretary of State

04-09-2002 90735 012 ****61.25

DOCUMENT # N94000002511

1. Entity Name

CONCERNED CITIZENS GROUP OF CRESTVIEW, INCORPORATED

Principal Place of Business

Mailing Address

FAIRVIEW PARK
 MCCLELLAND STREET
 CRESTVIEW FL 32536

549 McDONALD STREET
 CRESTVIEW FL 32536

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
 Crestview FL

City & State
 Crestview FL

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

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

COLEMAN, MAE REATHA
 549 McDONALD ST
 CRESTVIEW FL 32536

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 ☐ Delete
 NAME PD
 STREET ADDRESS COLEMAN, MAE REATHA
 CITY-ST-ZIP 549 McDONALD STREET
 CRESTVIEW FL 32536

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME VP
 STREET ADDRESS MCKAY, PEARL
 CITY-ST-ZIP 208 OGLESBY AVENUE
 CRESTVIEW FL

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME S
 STREET ADDRESS JONES, DELORES
 CITY-ST-ZIP 602 McDONALD STREET
 CRESTVIEW FL 32536

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME Y
 STREET ADDRESS PATE, JAMES
 CITY-ST-ZIP 401 MCCLELLAND STREET
 CRESTVIEW FL 32536

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME ATD
 STREET ADDRESS COLEMAN, ULYSSES
 CITY-ST-ZIP 5409 McDONALD STREET
 CRESTVIEW FL 32536

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME CD
 STREET ADDRESS POWELL, THEODORE
 CITY-ST-ZIP 898 WEST GRIFFITH AVENUE
 CRESTVIEW FL 32536

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

Mae Reatha Coleman
 MAE REATHA COLEMAN

16 Feb. 02- 850
 682-5518

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)