

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000002615

1. Entity Name

ST. PETERSBURG EMPLOYMENT AND ECONOMIC DEVELOPME

FILED
Feb 20, 2000 8:00 am
Secretary of State

02-20-2000 90034 009 ****70.00

Principal Place of Business

Mailing Address

501 1ST AVE NORTH
507
ST PETERSBURG FL 33701
US

P.O. BOX 11812
ST PETERSBURG FL 33733-1812
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

59-3245405

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

CUTLIFF, YATE K
301 42ND ST N
ST PETERSBURG FL 33713

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	DP	<input type="checkbox"/> Delete
NAME	CUTLIFF, YATE K	
STREET ADDRESS	2220 19TH AVE. S	
CITY-ST-ZIP	ST PETERSBURG FL 33712	
TITLE	DS	<input type="checkbox"/> Delete
NAME	WILLIAMS, M. NAILAH	
STREET ADDRESS	516 28TH AVE. S.	
CITY-ST-ZIP	ST PETERSBURG FL 33712	
TITLE	D	<input type="checkbox"/> Delete
NAME	ALI, ABDUL K	
STREET ADDRESS	4005 CORTEZ WAY SOUTH	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	DT	<input type="checkbox"/> Delete
NAME	CUTLIFF, JOIE M	
STREET ADDRESS	2220 19TH AVE. S.	
CITY-ST-ZIP	ST. PETERSBURG FL 33712	
TITLE	D	<input type="checkbox"/> Delete
NAME	DAVIS, SHIRLEY	
STREET ADDRESS	1800 KARLETON PLACE SOUTH	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	DASILVA, RAUL	
STREET ADDRESS	267 SNELL ISLAND BLVD	
CITY-ST-ZIP	ST PETERSBURG FL 33704	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Cathy O. Gordon	
STREET ADDRESS	1051 Queen St. So.	
CITY-ST-ZIP	ST. PETERSBURG, FL 33712	
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)(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: *[Signature]* **REQUIRED** *Joie M. Cutliff* *2-11-00* *727-827-3671*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)