

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000000936

1. Entity Name

THE CONCERNED CITIZEN FOR COMMUNITY IMPROVEMENT.

Principal Place of Business

800 PALM BLVD
PAHOKEE FL 33476

Mailing Address

P O BOX 509
PAHOKEE FL 33476

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

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

WRIGHT, MARY C
800 PALM BLVD
PAHOKEE FL 33476

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

After September 13, 2000 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	WRIGHT, MARY C	
STREET ADDRESS	800 PALM BLVD.	
CITY-ST-ZIP	PAHOKEE FL 33476	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MAXEY, DELORES	
STREET ADDRESS	891 PALM BLVD.	
CITY-ST-ZIP	PAHOKEE FL 33476	
TITLE	SD	<input type="checkbox"/> Delete
NAME	JACKSON, MARY	
STREET ADDRESS	230 SW 5TH STREET	
CITY-ST-ZIP	PAHOKEE FL 33476	
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		

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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

08/09/00

561-924-8273

Date

Daytime Phone #

-2.

Mary C. Wright
Post Office Box 509
Pahokee, Florida 33476
(561) 924-8273

March 26, 2001

Florida Department of State
Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32314

Ref: **Document Number: N95000000936**
The Concerned Citizen for Community Improvement, Inc.

To whom it may concern:

Please find enclosed a copy of our 2000 Nonprofit Corporation Annual Report application for renewal. The fee for the year 2000 and the year 2001 is included.

I called last year around September to check to see had our payment for 2000 been received, because the check we sent had not cleared the bank.

I spoke with Marie who informed me that our application and fee were received but our check was returned because the check was made out incorrectly. She stated that it was mailed August 15, 2001. I stated to her that we had not received the check back.

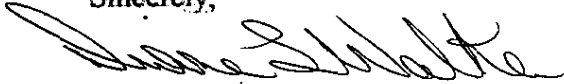
Marie transferred me to the reinstatement department. I spoke with Leslie who advised me to send a copy of our application and to send another check.

However, to this date the first nor the second check have cleared (a copy of the second check is enclosed) the bank.

Per my conversation with Ann today please find enclosed our application and the fees for 2000 and 2001 in the amount of \$122.50.

Should you require additional information, please feel free to contact me at (561) 924-2170. Your assistance with the reinstatement of our corporation will be greatly appreciated.

Sincerely,



Diane L. Walker