

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000002279

1. Entity Name

CONCERN CITIZENS OF TRIPOLI, INC.

Principal Place of Business

6801 N. 17-92 HWY
LOUGHMAN FL 33858

Mailing Address

P.O. BOX 857
LOUGHMAN FL 33858

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

59-3361972

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

RATLIFF, GUSSIE
6804 HWY. 17-92
LOUGHMAN FL 33858

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 PD ☐ Delete
NAME RATLIFF, GUSSIE
STREET ADDRESS 6804 HWY 17-92
CITY-ST-ZIP LOUGHMAN FL 33858

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

TITLE VPD ☐ Delete
NAME GRIFFIN, ETHEL
STREET ADDRESS 6812 LORENZO LANE
CITY-ST-ZIP LOUGHMAN FL 33858

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

TITLE TD ☐ Delete
NAME DARGON, LUCILLE
STREET ADDRESS PO BOX 45 N/A
CITY-ST-ZIP LOUGHMAN FL 33858

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

TITLE SD ☐ Delete
NAME WATERS, KATRINA
STREET ADDRESS LOT 82 SUNLAKE ESTATE
CITY-ST-ZIP LOUGHMAN FL 33858

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

TITLE AD ☐ Delete
NAME WILSON, CYNTHIA
STREET ADDRESS 6619 HWY 17-92
CITY-ST-ZIP LOUGHMAN FL 33858

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 18, 2002 8:00 am
Secretary of State

04-18-2002 90428 044 ****70.00



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)