

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 04, 2001 8:00 am
Secretary of State

05-04-2001 90088 038 ****61.25

DOCUMENT # N95000002695

1. Entity Name

COMMUNITY IMPROVEMENT ASSOCIATION, INCORPORATED

Principal Place of Business

**4407 HARVE WAY
PENSACOLA FL 32505**

Mailing Address

**4407 HARVE WAY
PENSACOLA FL 32505**

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

59-3331733

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

C0060863



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**BURKETT, RACHEL
4407 HARVE WAY
PENSACOLA FL 32505**

7. Name and Address of New Registered Agent

Name **GREGORY V CLARK**

Street Address (P.O. Box Number is Not Acceptable)

4505 GUERLAIN WAY

City **PENSACOLA FL**

FL

Zip Code **32505**

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

Rachel Burkett Gregory V. Clarke

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-27-01

**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

TITLE **P** ☐ Delete
NAME **CLARK, GREGORY V SR**
STREET ADDRESS **4505 GUERLAIN WAY**
CITY-ST-ZIP **PENSACOLA FL 32505**

TITLE **S** ☐ Delete
NAME **ROBINSON, BETTY**
STREET ADDRESS **915 MONTCLAIR RD**
CITY-ST-ZIP **PENSACOLA FL 32505**

TITLE **TS** ☐ Delete
NAME **BURKETT, RACHEL**
STREET ADDRESS **4407 HARVE WAY**
CITY-ST-ZIP **PENSACOLA FL 32505**

TITLE **BMD** ☐ Delete
NAME **LUNDQUIST, FRANCES**
STREET ADDRESS **4412 DEAUVILLE WAY**
CITY-ST-ZIP **PENSACOLA FL 32505**

TITLE **BMD** ☐ Delete
NAME **WALKER, RENEE**
STREET ADDRESS **4530 GUERLAIN WAY**
CITY-ST-ZIP **PENSACOLA FL 32505**

TITLE **BMD** ☐ Delete
NAME **JONES, YVONNE**
STREET ADDRESS **4516 CHARMOTTE WY**
CITY-ST-ZIP **PENSACOLA FL 32505**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VP** ☐ Change ☒ Addition
NAME **ROBINSON, ROBERT**
STREET ADDRESS **915 MONTCLAIR RD**
CITY-ST-ZIP **PENSACOLA FL 32505**

TITLE **BMD** ☐ Change ☒ Addition
NAME **SMALLS, SANDRA**
STREET ADDRESS **924 MONTCLAIR RD**
CITY-ST-ZIP **PENSACOLA FL 32505**

TITLE **BMD** ☐ Change ☒ Addition
NAME **TURNER, MARY**
STREET ADDRESS **920 MONTCLAIR RD**
CITY-ST-ZIP **PENSACOLA FL 32505**

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

TITLE ☐ Change ☐ Addition
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:

RACHEL BURKETT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-01

Date

850-432-6577

Daytime Phone #

CR2E037 (10/00)