

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000001239

1. Entity Name

ALLEN OUTREACH AND COMMUNITY DEVELOPMENT CENTER,

**FILED**  
**Mar 01, 2000 8:00 am**  
**Secretary of State**

03-01-2000 90011 022 \*\*\*\*61.25

Principal Place of Business Mailing Address  
2010 NORTH NEBRASKA AVENUE POB 76641  
TAMPA FL 33602 TAMPA FL 33675-1641  
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 59-3171828  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
STEWART, FRANK S ESQ  
3560 N. 29TH STREET  
TAMPA FL 33605

7. Name and Address of New Registered Agent  
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]*  
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  
TITLE P CUMMINGS, FRANK C  
NAME 112 W. ADAMS STREET STE 1814  
STREET ADDRESS JACKSONVILLE FL 32202  
CITY-ST-ZIP  
TITLE T DAWKINS, HARRY L  
NAME 912 3RD AVENUE, NORTH  
STREET ADDRESS ST. PETERSBURG FL 33711  
CITY-ST-ZIP  
TITLE T FORTUNE, MOZELLE  
NAME 721-65TH AVENUE EAST  
STREET ADDRESS BRADENTON FL 34208  
CITY-ST-ZIP  
TITLE D LONG, CHARLES  
NAME 6718 ISLANDER LANE  
STREET ADDRESS TAMPA FL 33615  
CITY-ST-ZIP  
TITLE D SMITH, ELIZABETH P  
NAME 2205 N. GRADY AVENUE  
STREET ADDRESS TAMPA FL 33607  
CITY-ST-ZIP  
TITLE RALA STEWART, FRANK S  
NAME 3560 N. 29TH STREET  
STREET ADDRESS TAMPA FL 33605  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  
TITLE NAME STREET ADDRESS CITY-ST-ZIP  
TITLE NAME STREET ADDRESS CITY-ST-ZIP  
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TITLE 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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date Daytime Phone #

CR2E037 (9/99)