

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # N96000005847**

1. Entity Name

**CHILDS PARK YOUTH INITIATIVE COUNCIL, INC.**

Principal Place of Business

**4719 22ND AVE S  
ST PETERSBURG FL 33711**

Mailing Address

**4719 22ND AVE S  
ST PETERSBURG FL 33711-2925**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

**GAMMONS, BUFUS  
4719 22ND AVE S  
ST PETERSBURG FL 33711**

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

**Bufus E. Gammons****1/14/00**

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 NAME	CD LAMPLEY, DAPHNE	<input checked="" type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	642 61ST AVENUE SOUTH ST PETERSBURG FL 33705	
TITLE NAME	VCD NEWTON, WINTHROP	<input checked="" type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	104 KINGSTON ST. SOUTH ST PETERSBURG FL 33711	
TITLE NAME	TD STOKES, MARY A	<input checked="" type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	3879 15TH AVENUE SOUTH ST PETERSBURG FL 33711	
TITLE NAME	SD GILSTRAP-ODOM, BRENDA	<input checked="" type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	2356 KINGSTON STREET ST PETERSBURG FL 33711	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	CD Spells, Lottie	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	4534 21st Avenue South St. Petersburg, FL 33711	
TITLE NAME	VCD Pugh, Woodrow	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	7218 Williams Drive South St. Petersburg, FL 33705	
TITLE NAME	TD Miller, Daphne	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	642 61st Avenue South St. Petersburg, FL 33705	
TITLE NAME	SD Nesbitt, Darlene	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	1834 43rd Street South St. Petersburg, FL 33711	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:** *Spells* **Spells**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/14/00**

Date

**(727) 321-6589**

Daytime Phone #

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

02-01-2000 90004 032 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

4. FEI Number

**NOT APPLICABLE**

Applied For

Not Applicable

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