

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 27, 2001 8:00 am**  
**Secretary of State**

01-27-2001 90060 018 \*\*\*\*61.25

**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**

2. Principal Place of Business

**332 - 49th Street South**

Suite, Apt. #, etc.

3. Mailing Address

**332 - 49th Street South**

Suite, Apt. #, etc.

City & State

**St. Petersburg, FL**

City & State

**St. Petersburg, FL**

Zip

**33707**

Country

**Pinellas**

Zip

**33707**

Country

**Pinellas**

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

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

7. Name and Address of New Registered Agent

Name  
**Gammons, Bufus**

Street Address (P.O. Box Number is Not Acceptable)  
**332 - 49th Street South**

City  
**St. Petersburg**

**FL**

Zip Code  
**33707**

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*

**Bufus E. Gammons**

**1/12/01**

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  
 STREET ADDRESS  
 CITY-ST-ZIP  
**CD  
 SPELLS, LOTTIE  
 4534 21ST AVE S  
 SAINT PETERSBURG FL 33711** ☒ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**VCD  
 PUGH, WOODROW  
 7218 WILLIAMS DR S  
 SAINT PETERSBURG FL 33705** ☒ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**TD  
 MILLER, DAPHNE  
 642 61ST AVE S  
 SAINT PETERSBURG FL 33705** ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**SD  
 NESBITT, DARLENE  
 1834 43RD ST S  
 SAINT PETERSBURG FL 33711** ☒ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**CD  
 Pugh, Woodrow  
 7218 Williams Drive South  
 St. Petersburg, FL 33705** ☒ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**VCD  
 Spells, Lottie  
 4534 21st Avenue South  
 St. Petersburg, FL 33711** ☒ Change ☐ Addition

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**SD  
 Cuthbertson, Takita  
 4534 21st Avenue South  
 St. Petersburg, FL 33711** ☒ Change ☐ Addition

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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 REQUIRED**

**Woodrow Pugh**

**1/12/01**

**1-800-998-7433**

Date

Daytime Phone #

CR2E037 (10/00)