

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000005847

1. Entity Name

CHILDS PARK YOUTH INITIATIVE COUNCIL, INC.

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90028 013 ****61.25

Principal Place of Business

Mailing Address

332- 49 TH ST. SOUTH
 SAINT PETERSBURG FL 33707

332- 49 TH ST. SOUTH
 SAINT PETERSBURG FL 33707

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

NOT APPLICABLE

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

GAMMONS, BUFUS
 332 49TH ST. SOUTH
 SAINT PETERSBURG FL 33707

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 VCD ☐ Delete
 NAME SPELLS, LOTTIE
 STREET ADDRESS 4534 21ST AVE S
 CITY-ST-ZIP SAINT PETERSBURG FL 33711

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

TITLE CD ☒ Delete
 NAME PUGH, WOODROW
 STREET ADDRESS 7218 WILLIAMS DRIVE SOUTH
 CITY-ST-ZIP SAINT PETERSBURG FL 33705

TITLE VCD ☐ Change ☒ Addition
 NAME Overton, Diane
 STREET ADDRESS 6077 5th Avenue North
 CITY-ST-ZIP St. Petersburg, FL 33710

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

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

TITLE SD ☐ Delete
 NAME CUTHBERTSON, TAKITA
 STREET ADDRESS 4534 21ST AVENUE SOUTH
 CITY-ST-ZIP SAINT PETERSBURG FL 33711

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

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:

Lottie Spells REQUIRED

Lottie Spells

1/18/02

(727) 327-8054

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)