

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000000596

1. Entity Name

POSITIVE IMAGE COMMITTEE, INC.

Principal Place of Business

3202 N. JEFFERSON STREET
TAMPA FL 33603

Mailing Address

3202 N. JEFFERSON STREET
TAMPA FL 33603

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT 2000

4. FEI Number

59-3478070

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

KNIGHT, MARVIN R
3202 N JEFFERSON STREET
TAMPA FL 33603

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

After September 13, 2000 min. will be \$236.25

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 NAME STREET ADDRESS CITY-ST-ZIP	PD KNIGHT, MARVIN R 3203 N JEFFERSON STREET TAMPA FL 33603	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPO PALMER, DARRELL T 12317 LANGSHANE DRIVE TAMPA FL 33592	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JOHNSON, TANYA 3808 CLEARFIELD AVENUE TAMPA FL 33549	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CST FORWARD, CYNTHIA M 19501 COACHLIGHT WAY LUTZ FL 33549	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JOHNSON, DARLENE J 4210 W NASSAU DRIVE TAMPA FL 33607	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PA BRADLEY, TWANDA E 7927 PINE DRIVE TAMPA FL 33637	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
900003433969--8 -10/20/00--01078--022 ****236.25 ****236.25	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CST Johnson, Tanya 3808 Clearfield Avenue Tampa FL 33549	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
S Forward, Cynthia 19501 Coachlight Way Lutz FL 33549	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
T Palmer, Darrell T 12317 Langshaw Dr Thonotosassa FL 33592	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9-21-00 813-229-0030