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2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 31, 2001 8:00 am
Secretary of State

02-06-2001 90262 033 *****8.75
07-31-2001 90243 009 ****61.25

DOCUMENT # N97000001751

1. Entity Name

NEIGHBORHOODS UNITED INC.

Principal Place of Business	Mailing Address
515 S MARYLAND AVE PLANT CITY FL 33566	515 S MARYLAND AVE PLANT CITY FL 33566

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3439157 — 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
BROOKS, ~~FLESSIE~~ Flossie M 515 S MARYLAND AVE PLANT CITY FL 33566	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 Flossie M. Brooks
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 12, 2001, 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	COB ☑ Delete	TITLE	COB ☑ Change ☐ Addition
NAME	FORTE, BENJAMIN	NAME	Samuel W. Cooper
STREET ADDRESS	4001 SMITH RYALS RD	STREET ADDRESS	1811 E. Ohio St.
CITY-ST-ZIP	PLANT CITY FL 33566	CITY-ST-ZIP	Plant City, Fl. 33566
TITLE	D ☑ Delete	TITLE	S ☑ Change ☐ Addition
NAME	~~JACKSON, ELLA~~	NAME	Sharon Moody, Sec.
STREET ADDRESS	1812 HUGHES DR.	STREET ADDRESS	515 S. Maryland Ave
CITY-ST-ZIP	PLANT CITY FL 33566	CITY-ST-ZIP	Plant City, Fl. 33566
TITLE	T ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	WILLIAMS, ANNIE P	NAME	
STREET ADDRESS	515 S MARYLAND AVE	STREET ADDRESS	
CITY-ST-ZIP	PLANT CITY FL 33566	CITY-ST-ZIP	
TITLE	KCOB ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	GRAHAM, JAMES	NAME	
STREET ADDRESS	605 S. GORDON ST	STREET ADDRESS	
CITY-ST-ZIP	PLANT CITY FL 33566	CITY-ST-ZIP	
TITLE	D ☑ Delete	TITLE	☑ Change ☐ Addition
NAME	WILLIAMS, BRAHAM	NAME	Vera Spencer
STREET ADDRESS	1601 E. ALABAMA ST. APT. 10	STREET ADDRESS	814 W. Madison St.
CITY-ST-ZIP	PLANT CITY FL 33560	CITY-ST-ZIP	Plant City, Fl. 33566
TITLE	S ☑ Delete	TITLE	D ☑ Change ☐ Addition
NAME	BILLINGTON, ERIKA	NAME	Steve Wilson
STREET ADDRESS	1206 E. OHIO ST.	STREET ADDRESS	515 S. Maryland
CITY-ST-ZIP	PLANT CITY FL 33566	CITY-ST-ZIP	Plant City, Fl.

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 REQUIRED Flossie M. Brooks July 23, 2001 (813) 759-9343
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/01)