

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000003682

1. Entity Name

THE COMMUNITY LUPUS SUPPORT GROUP INC.

Principal Place of Business

3750 19TH AVE SO.
ST PETERSBURG FL 33711

Mailing Address

PO BOX 14465
ST PETERSBURG FL 33733-4465

2. Principal Place of Business

4339 6th St. South
Suite, Apt. #, etc.

3. Mailing Address

PO Box 10045
Suite, Apt. #, etc.

City & State

St. Petersburg, FL

City & State

St. Petersburg, FL

4. FEI Number

59-3459577

Applied For

Not Applicable

Zip

33705

Country

Pinellas

Zip

33733-0045

Country

Pinellas

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MORRIS, JOSEPHINE
3750 19TH AVE S
ST PETERSBURG FL 33713

7. Name and Address of New Registered Agent

Name Delores Glenn

Street Address (P.O. Box Number is Not Acceptable)

4339 6th St. South

City

St. Petersburg

FL

Zip Code

33705

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]

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 ☒ Delete

NAME DONALDSON, ALVELITA
STREET ADDRESS 955 23RD AVE. SO.
CITY-ST-ZIP ST PETERSBURG FL 33705

TITLE ☒ Delete

NAME MORRIS, KOREY
STREET ADDRESS 4924 E. BEACH DR S.E.
CITY-ST-ZIP ST PETERSBURG FL 33705

TITLE ☐ Delete

NAME MORRIS, JOSEPHINE
STREET ADDRESS 3750 19TH AVE. SO.
CITY-ST-ZIP ST PETERSBURG FL 33711

TITLE ☒ Delete

NAME DONALDSON, ALVELITA
STREET ADDRESS 955 23RD AVE S
CITY-ST-ZIP ST PETERSBURG FL 33705

TITLE ☐ Delete

NAME ALLEN, BENNIE
STREET ADDRESS 3944 11TH AVE SO.
CITY-ST-ZIP ST PETERSBURG FL 33711

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition

NAME Delores L. Glenn
STREET ADDRESS 4339 6th St. South
CITY-ST-ZIP St. Petersburg, FL 33705

TITLE ☒ Change ☐ Addition

NAME Mario Shirley
STREET ADDRESS 4339 6th St. South
CITY-ST-ZIP St. Petersburg, FL 33705

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition

NAME Shabazz Rogers
STREET ADDRESS 2644 Granada Circle
CITY-ST-ZIP St. Pete, FL 33712

TITLE ☐ Change ☐ Addition

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)