

2000 UNIFORM BUSINESS REPORT (UBR)

3/4

DOCUMENT # N97000006604

1. Entity Name

SUWANNEE NEIGHBORHOOD CRIME WATCH, INC.

FILED
May 15, 2000 8:00 am
Secretary of State

03-04-2000 90094 038 ****61.25

Principal Place of Business

Mailing Address

44 CABBAGE ROAD
SUWANNEE FL 32692
US

P.O. BOX 361
SUWANNEE FL 32692-0361

2. Principal Place of Business

3. Mailing Address

130 DIXIE DRIVE

P.O. BOX 130

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SUWANNEE, FL

City & State

FL SUWANNEE, FL

4. FEI Number

59-3504084

Applied For

Not Applicable

Zip

32692

Country

DIXIE

Zip

32692

Country

DIXIE

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GOMIA, JAMES R
44 CABBAGE ROAD
SUWANNEE FL 32692

7. Name and Address of New Registered Agent

Name

MARGARET WRIGHT

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

130 DIXIE DRIVE

City

SUWANNEE

FL

Zip Code

32692

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

MARGARET WRIGHT Margaret Wright

2-29-00

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	DP	<input checked="" type="checkbox"/> Delete
NAME	GOMIA, JAMES R	
STREET ADDRESS	44 CABBAGE LANE	
CITY-ST-ZIP	SUWANNEE FL 32692	
TITLE	DVPP	<input type="checkbox"/> Delete
NAME	MCGEE, CLAUDE	
STREET ADDRESS	398 MCCOYER	
CITY-ST-ZIP	SUWANNEE FL 32692	
TITLE	DS	<input type="checkbox"/> Delete
NAME	COX, MARILOU	
STREET ADDRESS	489 CANDY LANE	
CITY-ST-ZIP	SUWANNEE FL 32692	
TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	WRIGHT, MARGARET	
STREET ADDRESS	130 DIXIE DRIVE	
CITY-ST-ZIP	SUWANNEE FL 32692	
TITLE	DVPP	<input checked="" type="checkbox"/> Delete
NAME	WRIGHT, DELORES	
STREET ADDRESS	115 BAY DRIVE	
CITY-ST-ZIP	SUWANNEE FL 32692	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D/P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WRIGHT, MARGARET	
STREET ADDRESS	130 DIXIE DRIVE	
CITY-ST-ZIP	SUWANNEE, FL 32692	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GLADYS SAMUELS	
STREET ADDRESS	362 LEE AVE	
CITY-ST-ZIP	SUWANNEE, FL 32692	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

MARILOU COX REQUIRED MARILOU COX 2-29-00 352-542-2117

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)