2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N9900000267

1. Entity Name

NEIGHBORHOOD LEADERSHIP INITIATIVE, INC.

Principal Plac	ce of Business	Mailing Address							
1502 14TH STREET EAST BRADENTON FL 34208		1502 14TH STREET EAST BRADENTON FL 34208	Ī						
								5 88 11 8 51 8 18 1	IIII 186) 1861
2. Principal F	Place of Business	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & State		City & State			4. FEI Number	EE_0002E01			oplied For
Zip	Country	Zip	Country					8.75 Add	ot Applicable
2.10	Oddinay		Country		5. Certificate of Sta	tus Desired		e Require	
	6. Name and Address of Current	Registered Agent			7. Name and Addr	ess of New Reg	gistered Ag	ent	
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	CYNTHIA Y	Street Address		Address (P.	s (P.O. Box Number is Not Acceptable)				
	ih street east Jon FL 34208					.,			
DI WIDEI (City				FL	Zip Cod	е
8. The above	e named entity submits this statement fo	r the purpose of changing its	s registered office of	or registered	d agent, or both, in t	he state of Florid	da.	•	
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOT	E: Registered Agent signs	ature required wh	hen reinstating)		DATE	<u>.</u>	
SIGNATURE		9. Election Campaig Trust Fund Contrib	n Financing		May Be		DATE Check Partment o		· · · · · · · · · · · · · · · · · · ·
	Signature, typed or printed name of registered agent. FILE NOW: FEE IS \$61.25	9. Election Campaig Trust Fund Contrit	n Financing bution.	\$5.00 Added to	May Be o Fees	Depa	Check Pa artment o	f State	
SIGNATURE 10. TITLE	Signature, typed or printed name of registered agent FILE NOW: FEE IS \$61.25 OFFICERS AND DIF	9. Election Campaig Trust Fund Contrit	n Financing	\$5.00 Added to	May Be o Fees	Depa S TO OFFICERS	Check Partment o	f State	
10.	Signature, typed or printed name of registered agent. FILE NOW: FEE IS \$61.25 OFFICERS AND DIF	9. Election Campaig Trust Fund Contrit	n Financing pution.	\$5.00 Added to	May Be o Fees DITIONS/CHANGE	Depa s to officers	Check Pa artment o	f State	10
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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.

CITY-ST-ZIP

SIGNATURE

CITY-ST-ZIP

At ... 22 2001 (941) 748-5564

FILED Jun 26, 2001 8:00 am Secretary of State

06-26-2001 90394 031 ****61.25