

2002 UNIFORM BUSINESS REPORT (UBR)

0004483

DOCUMENT # N99000000295

1. Entity Name

CARIBBEAN ORGANIZATION OF TALLAHASSEE INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 JUN 12 PM 3:47

Principal Place of Business

Mailing Address

501 EAST TENNESSEE STREET
SUITE C
TALLAHASSEE FL 32308
US

P.O. BOX 5674
TALLAHASSEE FL 32314
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3609096

Applied For

Not Applicable

Zip

Country

Zip

Country

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, STEPHEN R
501 EAST TENNESSEE STREET
SUITE C
TALLAHASSEE FL 32308

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

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 PD
NAME DICKENSON, ANGELA
STREET ADDRESS P.O. BOX 7675
CITY-ST-ZIP TALLAHASSEE FL 32314 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
800005978178--3
06/25/02 01046 025
*****70.00 *****70.00

TITLE VPD
NAME KEEN, DAVID
STREET ADDRESS 1516 BLOCKFORD COURT EAST
CITY-ST-ZIP TALLAHASSEE FL 32311 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE SD
NAME KOZA, ZALIKA
STREET ADDRESS 1200 STERNS STREET., APT 5B
CITY-ST-ZIP TALLAHASSEE FL 32310 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE SD
NAME AJONI, AISHA
STREET ADDRESS 808 ESSEX DRIVE
CITY-ST-ZIP TALLAHASSEE FL 32304 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE TD
NAME AJONI, LEONILLA
STREET ADDRESS 808 ESSEX DRIVE
CITY-ST-ZIP TALLAHASSEE FL 32304 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME KNIGHT, STEPHEN R
STREET ADDRESS 2019 SUGAR MAPLE COURT
CITY-ST-ZIP TALLAHASSEE FL 32308 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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 REQUIRED

12 June 02 850-321-5108

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)