

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # N99000002408**

1. Entity Name.

**COMMITTED CITIZENS OF WAVERLY, INC.**

**FILED**  
**Aug 17, 2000 8:00 am**  
**Secretary of State**  
 06-05-2000 90028 005 \*\*\*\*61.25

Principal Place of Business

114 ALLEY LANE  
 WAVERLY FL 33877

Mailing Address

PO BOX 658  
 WAVERLY FL 33877-9658



2. Principal Place of Business

**255 AVENUE A**

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

**WAVERLY, FLORIDA**

Zip

**33877-0658**

Country

**UNITED STATES**

City & State

**WAVERLY, FLORIDA**

Zip

**33877-0658**

Country

**UNITED STATES**

4. FEI Number

**59-31013344**

☒ Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CARLTON, LARRY E**  
**255 AVENUE A**  
**WAVERLY FL 33877-0197**

7. Name and Address of New Registered Agent

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, type 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 13, 2000 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

TITLE	PRESIDENT	<input type="checkbox"/> Delete
NAME	MS. LATRYNA D. CARLTON (D)	
STREET ADDRESS	255 AVE. A	
CITY-ST-ZIP	WAVERLY, FL. 33877-0024	
TITLE	VICE PRESIDENT	<input type="checkbox"/> Delete
NAME	MR. LARRY E. CARLTON (D)	
STREET ADDRESS	255 AVE. A	
CITY-ST-ZIP	WAVERLY, FL. 33877-0197	
TITLE	SECRETARY	<input type="checkbox"/> Delete
NAME	MS. LASHAWN GREEN (D)	
STREET ADDRESS	2411 APPALOSA ROAD	
CITY-ST-ZIP	LAKE WALES, FLORIDA 33853	
TITLE	TREASURER	<input type="checkbox"/> Delete
NAME	MS. ROQUEL PASCOE-INGRAM (D)	
STREET ADDRESS	263 AVE. A	
CITY-ST-ZIP	WAVERLY, FL. 33877	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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		<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: **LARRY E. CARLTON** **7-11-00** **863-439-9407**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/00)