

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000002408

1. Entity Name.
COMMITTED CITIZENS OF WAVERLY, INC.

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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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 255 AVENUE A	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State WAVERLY, FLORIDA	City & State WAVERLY, FL	4. FEI Number 59-31013344	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip 33877-0658	Country UNITED STATES	Zip 33877-0658	Country UNITED STATES

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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: _____ DATE: _____

Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25
After September 13, 2000 min. will be \$236.25

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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Make Check Payable to Department of State

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 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)