

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000002408

1. Entity Name

COMMITTED CITIZENS OF WAVERLY, INC.

FILED

May 27, 2002 8:00 am
Secretary of State

05-27-2002 90459 047 ****70.00

Principal Place of Business

255 AVE A
WAVERLY FL 33877

Mailing Address

PO BOX 658
WAVERLY FL 33877-0658

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3613344

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, 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 PD
NAME CARLTON, LATRYNA ☐ Delete
STREET ADDRESS 255 AVE A
CITY-ST-ZIP WAVERLY FL 33877

TITLE VPD
NAME CARLTON, LARRY ☐ Delete
STREET ADDRESS 255 AVENUE A
CITY-ST-ZIP WAVERLY FL 33877-0197

TITLE SD
NAME ROBINSON, TONETTE ☐ Delete
STREET ADDRESS 232 WAVERLY LOOP
CITY-ST-ZIP WAVERLY FL 33877

TITLE TD
NAME PALMER, DENISE ☐ Delete
STREET ADDRESS 6281 WAVERLY ROAD
CITY-ST-ZIP WAVERLY FL 33877

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-02

Date

863-439-9407

Daytime Phone #

CR2E037 (9/01)