

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000005498

1. Entity Name

COMMUNITY SAFE PLACES, INC.

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90852 019 ****61.25

Principal Place of Business

4203 TATUM ST.
ORLANDO FL 32811

Mailing Address

4203 TATUM ST.
ORLANDO FL 32811-5073

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

59-3616253

Applied For

Not Applicable

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

CUYLER, JENNIFER D
4203 TATUM ST.
ORLANDO FL 32811

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 | Executive Director | <input type="checkbox"/> Delete |
| NAME | Jennifer Cuyler | |
| STREET ADDRESS | 4203 Tatum St | |
| CITY-ST-ZIP | Orlando, FL 32811 | |
| TITLE | President | <input type="checkbox"/> Delete |
| NAME | Willene Worthen | |
| STREET ADDRESS | 4203 Tatum St | |
| CITY-ST-ZIP | Orlando, FL 32811 | |
| TITLE | Finance Officer | <input type="checkbox"/> Delete |
| NAME | Linda Jackson | |
| STREET ADDRESS | 5123 Keith Place | |
| CITY-ST-ZIP | Orlando FL 32811 | |
| TITLE | Finance Officer | <input type="checkbox"/> Delete |
| NAME | Eileen Yarmy | |
| STREET ADDRESS | 14127 Ridge Creek Ct. | |
| CITY-ST-ZIP | Orlando, FL | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| 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 | | |
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| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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:

Jennifer D. Cuyler
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/27/00 (407) 897-2970 x115

CR2E037 (9/99)