

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000006631

1. Entity Name

COMMUNITY PARTNERS FOR EMPLOYMENT, INC.

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

02-17-2000 90130 044 ***150.00

Principal Place of Business

Mailing Address

2475 APALACHEE PARKWAY
SUITE 205
TALLAHASSEE FL 32301-4946

2475 APALACHEE PARKWAY
SUITE 205
TALLAHASSEE FL 32301-4946

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

59-3565613

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

FARMER, TERRY
2475 APALACHEE PARKWAY
SUITE 205
TALLAHASSEE FL 32301-4946

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

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)

☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **FARMER, TERRY**
STREET ADDRESS **2475 APALACHEE PARKWAY SUITE 205**
CITY-ST-ZIP **TALLAHASSEE FL 32301-4946**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **Secretary** ☐ Change ☒ Addition
NAME **Lori Fahey**
STREET ADDRESS **2475 Apalachee Parkway Suite 205**
CITY-ST-ZIP **Tallahassee, FL 32301-4946**

TITLE **Treasurer** ☐ Change ☒ Addition
NAME **Karen Schneggenburger**
STREET ADDRESS **2475 Apalachee Parkway Suite 205**
CITY-ST-ZIP **Tallahassee, FL 32301-4946**

TITLE **Director** ☐ Change ☒ Addition
NAME **Curt Thomas**
STREET ADDRESS **3190 Tyrone Blvd. North**
CITY-ST-ZIP **St. Petersburg, FL 33710**

TITLE **Director** ☐ Change ☒ Addition
NAME **Randy Ross**
STREET ADDRESS **1100 Jimmy Ann Drive**
CITY-ST-ZIP **Daytona Beach, FL 32117**

TITLE **Director** ☐ Change ☒ Addition
NAME **Robert Thayer**
STREET ADDRESS **4527 Lenox Avenue**
CITY-ST-ZIP **Jacksonville, FL 32205**

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

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Lori Fahey
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/9/00
Date

877-4816
Daytime Phone #

CR2E034 (9/99)