

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000006631

1. Entity Name

COMMUNITY PARTNERS FOR EMPLOYMENT, INC.

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90053 016 ***150.00

Principal Place of Business

2475 APALACHEE PARKWAY
SUITE 205
TALLAHASSEE FL 32301-4946

Mailing Address

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

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's 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, 2001 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-STATE-ZIP **TALLAHASSEE FL 32301-4946**

TITLE **S** ☐ Delete

NAME **FANEY, LORI**
STREET ADDRESS **2475 APALACHEE PARKWAY, STE 205**
CITY-STATE-ZIP **TALLAHASSEE FL 32301-4946**

TITLE **T** ☐ Delete

NAME **SCHNEGGENBURGE, KAREN**
STREET ADDRESS **2475 APALACHEE PARKWAY, STE 205**
CITY-STATE-ZIP **TALLAHASSEE FL 32301-4946**

TITLE **D** ☒ Delete

NAME **THOMAS, CURT**
STREET ADDRESS **3190 TYRONE BLVD. NORTH**
CITY-STATE-ZIP **SAINT PETERSBURG FL 33710**

TITLE **D** ☒ Delete

NAME **ROSS, RANDY**
STREET ADDRESS **1100 JIMMY ANN DRIVE**
CITY-STATE-ZIP **DAYTONA BEACH FL 32117**

TITLE **D** ☐ Delete

NAME **THAYER, ROBERT**
STREET ADDRESS **4527 LENOX AVE**
CITY-STATE-ZIP **JACKSONVILLE FL 32205**

TITLE ☐ Change ☐ Addition

NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition

NAME ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition

NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-STATE-ZIP ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Terry R. Farmer

11 APR 01 850 877 4816

CR2E034 (10/00)