

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2002 8:00 am**  
**Secretary of State**

04-30-2002 90050 018 \*\*\*\*61.25

**DOCUMENT # 771141**

1. Entity Name

**COMMUNITY DEVELOPMENT CORPORATION OF JEFFERSON COUNTY, INC.**

Principal Place of Business

Mailing Address

**MARY FRANCES DRAWDY**  
**420 W. WASHINGTON ST.**  
**MONTICELLO FL 32344**  
**US**

**MARY FRANCES DRAWDY**  
**420 W. WASHINGTON ST.**  
**MONTICELLO FL 32344**  
**US**

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 **59-2361979**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BIRD, T. BUCKINGHAM**  
**220 S CHERRY ST**  
**P O BOX 247**  
**MONTICELLO FL 32344**

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

*Mary Frances Drawdy*

*4/15/02*

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	VP	<input type="checkbox"/> Delete
NAME	<b>BOATWRIGHT, DALE</b>	
STREET ADDRESS	<b>COURT HOUSE RM 10</b>	
CITY-ST-ZIP	<b>MONTICELLO FL 32344</b>	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	<b>WESTBROOK, BUDDY</b>	
STREET ADDRESS	<b>1655 S JEFFERSON ST</b>	
CITY-ST-ZIP	<b>MONTICELLO FL 32344</b>	
TITLE	PD	<input type="checkbox"/> Delete
NAME	<b>BLOW, FRANK</b>	
STREET ADDRESS	<b>RT 2 BOX 121 J</b>	
CITY-ST-ZIP	<b>MONTICELLO FL 32344</b>	
TITLE	D	<input type="checkbox"/> Delete
NAME	<b>DUNN, EUGENIA</b>	
STREET ADDRESS	<b>1242 N JEFFERSON</b>	
CITY-ST-ZIP	<b>MONTICELLO FL</b>	
TITLE	S	<input type="checkbox"/> Delete
NAME	<b>COLLINS, HEATHER</b>	
STREET ADDRESS	<b>230 N JEFFERSON ST</b>	
CITY-ST-ZIP	<b>MONTICELLO FL 32344</b>	
TITLE	D	<input type="checkbox"/> Delete
NAME	<b>GUNNELS, BILL</b>	
STREET ADDRESS	<b>800 S. JEFFERSON</b>	
CITY-ST-ZIP	<b>MONTICELLO FL 32344</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Ron Cichon</b>	
STREET ADDRESS	<b>420 W. Washington St</b>	
CITY-ST-ZIP	<b>Monticello, FL 32344</b>	
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		
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:

*Mary Frances Drawdy*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/15/02*

DATE

*850-997-5552*

Daytime Phone #

CR2E037 (9/01)