

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 06, 2000 8:00 am
Secretary of State

04-06-2000 90090 001 ***183.75

DOCUMENT # N98000003335

1. Entity Name

TABERNALE COMMUNITY DEVELOPMENT, INC.

Principal Place of Business

2600 HAMMONDVILLE RD.
 SUITE 1&2
 POMPANO BEACH FL 33069

Mailing Address

P.O. BOX 1043
 POMPANO BEACH FL 33061-1043

13080



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0840788

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BOWNES, HERBERT L
361 NW 19 COURT
POMPANO BEACH FL 33060

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** Delete
 NAME **BOWENS, HERBERT L**
 STREET ADDRESS **361 NW 19 COURT**
 CITY-ST-ZIP **POMPANO BEACH FL 33060**

TITLE **SD** Delete
 NAME **BOWENS, JOYCE A**
 STREET ADDRESS **361 NW 19 COURT**
 CITY-ST-ZIP **POMPANO BEACH FL 33060**

TITLE **TD** Delete
 NAME **BURTON, BELINDA**
 STREET ADDRESS **709 NW 1ST WAY**
 CITY-ST-ZIP **DEERFIELD BEACH FL 33341**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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
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 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 REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/00 (954) 661-8517

Date

Daytime Phone #

CR2E037 (9/99)