2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2001 8:00 am
Secretary of State
05-04-2001 90089 039 ****61.25

DOCUMENT # N99000005331

1. Entity Name

EATONVILLE COMMUNITY CORPORATION, INC.

C0060912

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
545 CLARK ST EATONVILLE FL 32751 US	PO BOX 941543 MAITLAND FL 32794-1543 US

2. Principal Place of Business	3. Mailing Address
545 CLARK ST	P.O. Box 941543
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: EATONVILLE, FL.	City & State: MAITLAND, FL.
Zip: 32751 Country: USA	Zip: 32794-1543 Country: USA

4. FEI Number 59-3596187 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

NASH, EVELYN
545 CLARK ST
EATONVILLE FL 32751

7. Name and Address of New Registered Agent

Name: EVELYN NASH

Street Address (P.O. Box Number is Not Acceptable): 545 CLARK ST

City: EATONVILLE **FL** Zip Code: 32751

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	DC NASH, EVELYN 545 CLARK ST EATONVILLE FL 32751	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BARGAINEER, CHARLES P.O. Box 2068 EATONVILLE, FL 32751	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVC BROWN, THOMAS 109 WASHINGTON AVE ORLANDO FL 32810	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D NATHIRI, NY 227 E KENNEDY BLVD EATONVILLE FL 32751	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT ZIMMERMAN, DUANE 434 W KENNEDY BLVD ORLANDO FL 32810	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JOHNSON-WRIGHT, LOUISE 306 LEMON ST EATONVILLE FL 32751	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS WILLIAMS, JAMES 147 LINCOLN AVE ORLANDO FL 32810	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/00)

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 4-26-01 407-599-0945
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #