

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000006114

1. Entity Name

BISHOP CHARLES FOLSOM COMMUNITY DEVELOPMENT, INC

Principal Place of Business

2446 ARTHUR STREET
HOLLYWOOD FL 33020

Mailing Address

2446 ARTHUR STREET
HOLLYWOOD FL 33020-3010

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FOLSOM, BISHOP C
2446 ARTHUR STREET
HOLLYWOOD FL 33020

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 | <input type="checkbox"/> Delete |
| NAME | FOLSOM, BISHOP C | |
| STREET ADDRESS | 2446 ARTHUR STREET | |
| CITY-ST-ZIP | HOLLYWOOD FL 33020 | |
| TITLE | TD | <input type="checkbox"/> Delete |
| NAME | FOLSOM, OLLIE J | |
| STREET ADDRESS | 2446 ARTHUR STREET | |
| CITY-ST-ZIP | HOLLYWOOD FL 33020 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|--------------------------|---|
| TITLE | KAREN HUGURI | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 2750 Peirce Street. | |
| STREET ADDRESS | Hollywood FL 33020 | |
| CITY-ST-ZIP | | |
| TITLE | President | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Bernard Lopez | |
| STREET ADDRESS | 2446 Arthur Street | |
| CITY-ST-ZIP | Hollywood FL 33020 | |
| TITLE | Mrs. Mary | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Sandra Felder Green | |
| STREET ADDRESS | 500 S.W. 4th Street | |
| CITY-ST-ZIP | HALLANDALE Florida 33020 | |
| 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:

Oliver J. Folsom **OLIVER J. FOLSOM** 4/26/00 954-922-1137

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)