

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N92000000227

1. Entity Name

RICHMOND HEIGHTS COMMUNITY DEVELOPMENT CORPORATION

FILED

Jan 29, 2002 8:00 am
Secretary of State

01-29-2002 90045 043 ****70.00

Principal Place of Business

Mailing Address

14440 OLIVIA EDWARDS (LINCOLN) BLVD.
MIAMI FL 33176

14440 OLIVIA EDWARDS (LINCOLN) BLVD.
MIAMI FL 33176

00012408



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0378328

Applied For

Not Applicable

Zip

Country

Zip

Country

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

FERGUSON, JOHN A
11111 PINKSTON DR
MIAMI FL 33176

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

T ☐ Delete
NAME **GRAY, CHARLES**
STREET ADDRESS **14000 MONROE ST**
CITY-ST-ZIP **MIAMI FL 33176**

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VPT ☐ Delete
NAME **FRIERSON, WALTER**
STREET ADDRESS **14440 LINCOLN BLVD**
CITY-ST-ZIP **MIAMI FL 33176**

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PT ☐ Delete
NAME **FERGUSON, JOHN**
STREET ADDRESS **11111 PINKSTON DR**
CITY-ST-ZIP **MIAMI FL 33176**

☐ Change ☐ Addition
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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

Date

Daytime Phone #

CR2E037 (9/01)