

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2000 8:00 am
Secretary of State

04-23-2000 90038 035 ****61.25

DOCUMENT-#734888

1. Entity Name

ROBERTSVILLE-ST. JOHN COMMUNITY DEVELOPMENT ASSO

Principal Place of Business

Mailing Address

RT 5 BOX 208-L
 QUINCY FL 32351

RT 5 BOX 208-L
 QUINCY FL 32351

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

59-2931967

Applied For

Not Applicable

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

THOMAS, EUGENE
RT 5 BOX 103 L
QUINCY FL 32351

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

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **SHAW, DOROTHY**
 CITY-ST-ZIP **RT 5 BOX 191 B**
QUINCY, FL 00000

TITLE ☐ Change ☒ Addition
 NAME **KA'RON Hill**
 STREET ADDRESS **144 David Thomas Lane**
 CITY-ST-ZIP **Quincy, FL 32351**

TITLE ☐ Delete
 NAME **PD**
 STREET ADDRESS **THOMAS, EUGENE**
 CITY-ST-ZIP **RT 5 BOX 103 L**
QUINCY, FL 00000

TITLE ☐ Change ☒ Addition
 NAME **Robert Earl Allman**
 STREET ADDRESS **74 David Thomas Lane**
 CITY-ST-ZIP **Quincy, FL 32351**

TITLE ☐ Delete
 NAME **VD**
 STREET ADDRESS **WEST, THEDIOUS**
 CITY-ST-ZIP **ROUTE 2, BOX 377-B**
QUINCY FL

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

TITLE ☐ Delete
 NAME **S**
 STREET ADDRESS **KENON, MARY**
 CITY-ST-ZIP **RT 5 BOX 208 L**
QUINCY, FL 00000

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

TITLE ☐ Delete
 NAME **KA'RON Hill**
 STREET ADDRESS **144 David Thomas Lane**
 CITY-ST-ZIP **Quincy, FL 32351**

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

TITLE ☐ Delete
 NAME **Robert Earl Allman**
 STREET ADDRESS **74 David Thomas Lane**
 CITY-ST-ZIP **Quincy, FL 32351**

TITLE ☐ Change ☐ 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 Kenon
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-14-00 **(850) 875-7261**

Date

Daytime Phone #

CR2E037 (9/99)