

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 20, 2001 8:00 am
Secretary of State

04-20-2001 90011 025 ****61.25

DOCUMENT # 734888

1. Entity Name

ROBERTSVILLE-ST. JOHN COMMUNITY DEVELOPMENT ASSO

Principal Place of Business

Mailing Address

RT 5 BOX 103 L 196 David Thomas Lane QUINCY FL 32351

2. Principal Place of Business

196 David Thomas Lane

3. Mailing Address

196 David Thomas Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Quincy, Florida

City & State
Quincy, Florida

4. FEI Number
59-2931967

Applied For
Not Applicable

Zip
32351

Country

Zip
32351

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

**THOMAS, EUGENE
RT 5 BOX 103 L
QUINCY FL 32351**

Name
Eugene Thomas

Street Address (P.O. Box Number is Not Acceptable)
698 Mt. Hosey Road

City
Quincy, Fl

FL Zip Code
32351

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

TITLE ☐ Change ☐ Addition
NAME **Dorothy Shaw**
STREET ADDRESS **4010 Bainbridge Hwy.**
CITY-ST-ZIP **Quincy, Fl 32351**

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

TITLE ☐ Change ☐ Addition
NAME **Eugene Thomas**
STREET ADDRESS **698 Mt. Hosey Church Road**
CITY-ST-ZIP **Quincy, Fl 32351**

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

TITLE ☐ Change ☐ Addition
NAME **Thedious West**
STREET ADDRESS **246 West Lane**
CITY-ST-ZIP **Quincy, Fl 32351**

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

TITLE ☐ Change ☐ Addition
NAME **Mary Kenon**
STREET ADDRESS **196 David Thomas Lane**
CITY-ST-ZIP **Quincy, Fl 32351**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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* **MARY KENON**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-17-01 (850)875-1636

Date Daytime Phone #

CR2E037 (10/00)