

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 734888**

Entity Name

**ROBERTSVILLE-ST. JOHN COMMUNITY DEVELOPMENT ASSO
CIATION, INC.**

Principal Place of Business

**196 DAVID THOMAS LANE
QUINCY FL 32351**

Mailing Address

**196 DAVID THOMAS LANE
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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

**THOMAS, EUGENE
698 MT HOSEY ROAD
QUINCY FL 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 \$61.259. 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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	NAME	TITLE	NAME
SHAW, DOROTHY	4010 BAINBRIDGE HWY QUINCY FL 32351	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
THOMAS, EUGENE	698 MT HOSEY CHURCH ROAD QUINCY FL 32351	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
WEST, THEDIOUS	246 WEST LANE QUINCY FL 32351	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
KENON, MARY	196 DAVID THOMAS LANE QUINCY FL 32351	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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**04-29-02 (850) 875-1636**

Date

Daytime Phone #

CR2E037 (9/01)