

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90528 029 *****70.00

DOCUMENT # 748384

1. Entity Name
THE COLLIER CITY/POMPANO BEACH COMMUNITY DEVELOPMENT INC.



Principal Place of Business
**3001 N.W. 8TH STREET
POMPANO BCH FL 33069
US**

Mailing Address
**3001 N.W. 8TH STREET
POMPANO BCH FL 33069
US**

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 **NOT APPLICABLE**

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

**EDDY, JAMES R
2401 E ATLANTIC BLVD
POMPANO BCH FL 33062**

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D/C** ☐ Delete
NAME **SID JONES**
STREET ADDRESS **2114 NW 5TH ST**
CITY-ST-ZIP **POMPANO BEACH FL**

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

TITLE **DC** ☐ Delete
NAME **ANTHONY, DEBORAH**
STREET ADDRESS **604 GARDENS DR. #101**
CITY-ST-ZIP **POMPANO BEACH FL 33069**

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

TITLE **DC** ☐ Delete
NAME **MAXWELL, BETTYE**
STREET ADDRESS **120 N.W. 15TH ST.**
CITY-ST-ZIP **POMPANO BCH FL**

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

TITLE **S** ☒ Delete
NAME **COOPER, JANET**
STREET ADDRESS **3001 N.W. 8TH ST.**
CITY-ST-ZIP **POMPANO BEACH FL**

TITLE ☐ Change ☐ Addition
NAME **Debbie Caruthers**
STREET ADDRESS **3001 NW 8th Street**
CITY-ST-ZIP **Pompano Beach Fla 33069**

TITLE **D** ☒ Delete
NAME **DEBOUG, JUDITH**
STREET ADDRESS **2686 NW 60 WAY**
CITY-ST-ZIP **SUNRISE FL 33313**

TITLE ☐ Change ☐ Addition
NAME **Floyd Dorsey**
STREET ADDRESS **3001 NW 8th**
CITY-ST-ZIP **Pompano Beach Fla 33069**

TITLE **D** ☐ Delete
NAME **KNOWLES, EVELYN**
STREET ADDRESS **3001 N.W. 8TH STREET**
CITY-ST-ZIP **POMPANO BCH FL 33069**

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: *[Signature]*

4/25/03

CR2E037 (10/02)