

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 17, 2001 8:00 am**  
**Secretary of State**

04-17-2001 90177 042 \*\*\*\*70.00

004524

**DOCUMENT # 750660**

1. Entity Name

**COCONUT GROVE LOCAL DEVELOPMENT CORPORATION, INC.**

Principal Place of Business

Mailing Address

**3672 GRAND AVENUE  
COCONUT GROVE FL 33233  
US****P O BOX 330075  
COCONUT GROVE FL 33233-0075  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**59-2056758**

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

**(NEW ADDRESS)  
MCDONALD, YVONNA M  
3631 FRANKLIN AVENUE  
MIAMI FL 33133**  
**MCDONALD, YVONNE M.  
3411 Oak Avenue  
Miami, Florida  
33133**

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)

**4/10/01**  
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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**CD  
HOLTON, RICHARD  
3350 HIBISCUS STREET  
MIAMI FL** ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**C  
DAVIS, JAMES H.  
1845 N.W. 65th Street  
Miami, Florida 33147** ☒ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VD  
FOX, RONALD  
3481 HIBISCUS ST.  
MIAMI FL** ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP  
ALONSO-POCH, MANUEL  
2100 Ponce de Leon Drive  
Miami, Florida 33143** ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**TD  
HART, DOROTHY  
9301 NW 7TH AVE  
MIAMI FL** ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**T  
LEONARD, WILLIE  
3616 Day Avenue  
Miami, Florida 33133** ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S  
RIVERS, BRENDA  
3627 DOUGLAS RD  
COCONUT GROVE FL 33133** ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S  
FERSTER, LUCIAN  
1320 N.W. 14th Street  
Miami, Florida 33125** ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
DAVIS, JAMES R  
3680 THOMAS AVE  
MIAMI FL** ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PARLIMENTARIAN  
HARRIS, ROBERT  
777 Brickell Avenue - Ste # 1114  
Miami, Florida 33131** ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
WHITE, DAVID  
3253 MARLER AVENUE  
COCONUT GROVE FL 33133** ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SGT-AT-ARMS  
MCCOY, DON  
2850 S.W. 27th Avenue  
Miami, Florida 33133** ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**April 10, 2001 (305) 446-3095**

Date

Daytime Phone #

CR2E037 (10/00)