

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 771141

1. Entity Name

COMMUNITY DEVELOPMENT CORPORATION OF JEFFERSON C

Principal Place of Business

MARY FRANCES KERR  
420 W. WASHINGTON ST.  
MONTICELLO FL 32344  
US

Mailing Address

MARY FRANCES KERR  
420 W. WASHINGTON ST.  
MONTICELLO FL 32344  
US

2. Principal Place of Business

MARY FRANCES DRAWDY

3. Mailing Address

MARY FRANCES DRAWDY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2361979

Applied For

Not Applicable

5. Certificate of Status Desired--

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BIRD, T. BUCKINGHAM  
220 S CHERRY ST  
P O BOX 247  
MONTICELLO FL 32344

7. Name and Address of New Registered Agent

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

TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	RIECHMAN, MIKE	
STREET ADDRESS	380 N. JEFFERSON ST	
CITY-ST-ZIP	MONTICELLO FL 32544	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BOATWRIGHT, JERRY	
STREET ADDRESS	200 E. WASHINGTON ST.	
CITY-ST-ZIP	MONTICELLO FL 32344	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	BLOW, FRANK	
STREET ADDRESS	RT 2 BOX 121 J	
CITY-ST-ZIP	MONTICELLO FL 32344	
TITLE	D	<input type="checkbox"/> Delete
NAME	DUNN, EUGENIA	
STREET ADDRESS	1242 N JEFFERSON	
CITY-ST-ZIP	MONTICELLO FL	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	HAWKINS, ELEANOR	
STREET ADDRESS	PO BOX 507	
CITY-ST-ZIP	MONTICELLO FL 32345	
TITLE	D	<input type="checkbox"/> Delete
NAME	GUNNELS, BILL	
STREET ADDRESS	800 S. JEFFERSON	
CITY-ST-ZIP	MONTICELLO FL 32344	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Westbrook, Buddy	
STREET ADDRESS	1655 S. Jefferson	
CITY-ST-ZIP	Monticello, FL 32344	
TITLE	UP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BOATWRIGHT, DALE	
STREET ADDRESS	Court House Rm. 10	
CITY-ST-ZIP	Monticello, FL 32344	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Collins, Heather	
STREET ADDRESS	230 N. Jefferson St	
CITY-ST-ZIP	Monticello, FL 32344	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Blow, Frank	
STREET ADDRESS	RT. Box 121-J	
CITY-ST-ZIP	Monticello, FL 32344	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 FRANCES DRAWDY

1-30-01

850-997-5552

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)