

3/7/01-90622-013-\$61.25-\$61.25
* 9/12/01-90002-042-\$61.25-\$61.25

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #: N00000000486

1. Entity Name

THE COMMUNITY DEVELOPMENT GROUP, INC.

Principal Place of Business

2209 N.E. 54TH STREET
FORT LAUDERDALE FL 33308

Mailing Address

2209 N.E. 54TH STREET
FORT LAUDERDALE FL 33308

2. Principal Place of Business

11611 Palmetto Way
Suite, Apt. #, etc.

3. Mailing Address

11611 Palmetto Way
Suite, Apt. #, etc.

City & State

Cooper City, FL

City & State

Cooper City, FL

4. FEI Number

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

CHOZIANIN, DOUGLAS D
2209 N.E. 54TH STREET
FORT LAUDERDALE FL 33308

Name: CHOZIANIN, DOUGLAS D
Street Address (P.O. Box Number is Not Acceptable): 11611 Palmetto Way
City: Cooper City FL Zip Code: 33026

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, to the state of Florida.

SIGNATURE

[Signature]

(NOTE: Registered Agent signature required when reinstating)

DATE

September 7, 2001

FILE NOW: FEE IS \$61.25
After September 12, 2001, min. will be \$236.25

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PRESIDENT	DOUGLAS D. CHOZIANIN	11611 PALMETTO WAY	COOPER CITY, FL 33026	<input type="checkbox"/>
VICED PRES	DOUGLAS D. CHOZIANIN	11611 PALMETTO WAY	COOPER CITY, FL 33026	<input type="checkbox"/>
TREASURER	DOUGLAS D. CHOZIANIN	11611 PALMETTO WAY	COOPER CITY, FL 33026	<input type="checkbox"/>
DIRECTOR	DOUGLAS D. CHOZIANIN	11611 PALMETTO WAY	COOPER CITY, FL 33026	<input type="checkbox"/>
DIRECTOR	DOUGLAS D. CHOZIANIN	11611 PALMETTO WAY	COOPER CITY, FL 33026	<input type="checkbox"/>
DIRECTOR	DOUGLAS D. CHOZIANIN	11611 PALMETTO WAY	COOPER CITY, FL 33026	<input type="checkbox"/>
DIRECTOR	DOUGLAS D. CHOZIANIN	11611 PALMETTO WAY	COOPER CITY, FL 33026	<input type="checkbox"/>
DIRECTOR	DOUGLAS D. CHOZIANIN	11611 PALMETTO WAY	COOPER CITY, FL 33026	<input type="checkbox"/>
DIRECTOR	DOUGLAS D. CHOZIANIN	11611 PALMETTO WAY	COOPER CITY, FL 33026	<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
PRESIDENT	DOUGLAS D. CHOZIANIN	11611 PALMETTO WAY	COOPER CITY, FL 33026	<input checked="" type="checkbox"/>
VICED PRES	DOUGLAS D. CHOZIANIN	11611 PALMETTO WAY	COOPER CITY, FL 33026	<input checked="" type="checkbox"/>
TREASURER	DOUGLAS D. CHOZIANIN	11611 PALMETTO WAY	COOPER CITY, FL 33026	<input checked="" type="checkbox"/>
DIRECTOR	DOUGLAS D. CHOZIANIN	11611 PALMETTO WAY	COOPER CITY, FL 33026	<input checked="" type="checkbox"/>
DIRECTOR	DOUGLAS D. CHOZIANIN	11611 PALMETTO WAY	COOPER CITY, FL 33026	<input checked="" type="checkbox"/>
DIRECTOR	DOUGLAS D. CHOZIANIN	11611 PALMETTO WAY	COOPER CITY, FL 33026	<input checked="" type="checkbox"/>
DIRECTOR	DOUGLAS D. CHOZIANIN	11611 PALMETTO WAY	COOPER CITY, FL 33026	<input checked="" type="checkbox"/>
DIRECTOR	DOUGLAS D. CHOZIANIN	11611 PALMETTO WAY	COOPER CITY, FL 33026	<input checked="" type="checkbox"/>
DIRECTOR	DOUGLAS D. CHOZIANIN	11611 PALMETTO WAY	COOPER CITY, FL 33026	<input checked="" type="checkbox"/>

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

01 OCT 22 PM 4:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CR2E037 (5/01)