2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State
04-11-2002 90706 041 ****61.25

DOCUMENT # N00000002814

1. Entity Name

IMMOKALEE COMMUNITY DEVELOPMENT CORPORATION

Principal Place of Business	Mailing Address
C/O H.B. STARLING. JR. 720 N. 15TH STREET IMMOKALEE FL 34142	C/O H.B. STARLING. JR. 720 N. 15TH STREET IMMOKALEE FL 34142

DO NOT WRITE IN THIS SPACE

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 59-3662616 ☐ 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
STARLING, H.B. JR 720 N 15TH STREET IMMOKALEE FL 34142	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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P PRICE, STEPHEN L 1400 N. 15TH STREET IMMOKALEE FL 34142	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Michael O. Taylor Hwy 29, P.O. Box 1115 Immokalee, FL 34143	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V DRURY, JOHN H 165 AIRPARK BLVD IMMOKALEE FL 34142	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Carolyn Billie 6300 Sterling Rd Hollywood, FL 33024	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T COLEMAN, ROBERT V.M. JR 1400 N. 15TH STREET IMMOKALEE FL 34142	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Fred N. Thomas, IV 1205 Orchid Ave Immokalee, FL 34142	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S GOODNIGHT, ANNE PO BOX 5396 IMMOKALEE FL 34143	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D James W. O'Quinn 7301 Hunters Point Immokalee, FL 34142	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D STARLING, H.B. JR 720 N. 15TH IMMOKALEE FL 34142	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Cecil R. Howell Jr. 1202 Orchid Ave Immokalee, FL 34142	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SWILLEY, PATRICIA A. PO BOX 152 IMMOKALEE FL 34143	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Eva J. Deyo 1020 Sanitation Rd Immokalee, FL 34142	☐ Change ☑ Addition

CR2E037 (9/01)

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 REQUIRED 3/30/02 941-657-3644
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #