

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

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90085 020 ****61.25

DOCUMENT # N00000002814

1. Entity Name

IMMOKALEE COMMUNITY DEVELOPMENT CORPORATION



Principal Place of Business

**C/O H.B. STARLING, JR.
720 N. 15TH STREET
IMMOKALEE FL 34142**

Mailing Address

**C/O H.B. STARLING, JR.
720 N. 15TH STREET
IMMOKALEE FL 34142**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

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

**STARLING, H.B. JR
720 N 15TH STREET
IMMOKALEE FL 34142**

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. 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

TITLE NAME	P PRICE, STEPHEN L	<input type="checkbox"/> Delete
STREET ADDRESS	1400 N. 15TH STREET	
CITY-ST-ZIP	IMMOKALEE FL 34142	
TITLE NAME	D TAYLOR, MICHAEL	<input type="checkbox"/> Delete
STREET ADDRESS	HAY 29 P.O. BOX 1115	
CITY-ST-ZIP	IMMOKALEE FL 34143	
TITLE NAME	T COLEMAN, ROBERT V M JR	<input type="checkbox"/> Delete
STREET ADDRESS	1400 N. 15TH STREET	
CITY-ST-ZIP	IMMOKALEE FL 34142	
TITLE NAME	S GOODNIGHT, ANNE	<input type="checkbox"/> Delete
STREET ADDRESS	PO BOX 5396	
CITY-ST-ZIP	IMMOKALEE FL 34143	
TITLE NAME	D STARLING, H.B. JR	<input type="checkbox"/> Delete
STREET ADDRESS	720 N. 15TH	
CITY-ST-ZIP	IMMOKALEE FL 34142	
TITLE NAME	D BILLIE, CAROLYN	<input type="checkbox"/> Delete
STREET ADDRESS	6300 STERLING ROAD	
CITY-ST-ZIP	HOLLYWOOD FL 33024	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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] **REQUIRE SIGNATURE** */Treasurer* *1/9/03*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)