

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N00000006250

FILED  
Apr 25, 2002 8:00 AM  
Secretary of State

Entity Name: NATIONAL COMMUNITY DEVELOPMENT CORPORATION

**Current Principal Place of Business:**

11620 N FLORIDA AVE  
TAMPA, FL 33612

**New Principal Place of Business:**

5707 GOLDEN OWL LOOP  
LAND O LAKES, FL 34639 US

**Current Mailing Address:**

P.O. BOX 1637  
LAND O LAKES, FL 34639 US

**New Mailing Address:**

5707 GOLDEN OWL LOOP  
LAND O LAKES, FL 34639 US

FEI Number: 59-3672486

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FOUNTAIN, JAMES E JR  
5707 GOLDEN OWL LOOP  
LAND O, FL 346393350 US

**Name and Address of New Registered Agent:**

FOUNTAIN, JAMES E JR  
5707 GOLDEN OWL LOOP  
LAND O, FL 346393250 US

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: JAMES E. FOUNTAIN, JR.

04/25/2002

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: FOUNTAIN, JAMES E JR  
Address: 5707 GOLDEN OWL LOOP  
City-St-Zip: LAND O' LAKES, FL 34639

Title: SD ( ) Delete  
Name: GAINES, ROBERT W  
Address: 11014 SUMMER DR  
City-St-Zip: TAMPA, FL 33624

Title: TD ( ) Delete  
Name: FOUNTAIN, JACQUELINE B  
Address: 5707 GOLDEN OWL LOOP  
City-St-Zip: LAND O' LAKES, FL 34639

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES E. FOUNTAIN, JR.

PD

04/25/2002

Electronic Signature of Signing Officer or Director

Date