

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000006848

1. Entity Name

THE GREATER SAINT MARK COMMUNITY DEVELOPMENT COR



FILED
Jul 12, 2001 8:00 am
Secretary of State

07-12-2001 90111 038 ****70.00

0012863

Principal Place of Business

Mailing Address

826 NORTH EIGHTH STREET
HAINES CITY FL 33844

PO BOX 808
HAINES CITY FL 33845

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

59-3678283

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

POWELL, EVELYN
1913 10TH STREET SOUTH
HAINES CITY FL 33845

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
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
PARKER, QUINTIN L
1210 POLK CITY ROAD
HAINES CITY FL 33844 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
BROOKS, ARGENTHA
2524 EVERETT ROAD
LAKE ALFRED, FL 33850 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
POWELL, EVELYN
1913-10TH STREET-SOUTH
HAINES CITY FL 33845 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
KENDRICK, JAMES JR.
2207 MARTY DRIVE
WINTER HAVEN, FL 33881 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
GRAHAM, BEN
1008 AVENUE M
HAINES CITY FL 33844 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
WILCOX, L D
2823 ORCHID DRIVE
HAINES CITY FL 33844 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
BROOKS, ARGENTHA
2524 EVERETT ROAD ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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: REQUIRED

07/09/01 (863) 221-8906

CR2E037 (5/01)