

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000007932

1. Entity Name

FRENCHTOWN COMMUNITY DEVELOPMENT CORPORATION

APPROVED
AND
FILED

01 APR 18 PM 12:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

P.O. BOX 10388
TALLAHASSEE FL 32302

Mailing Address

P.O. BOX 10388
TALLAHASSEE FL 32302

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

59-3686332

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

DAVIS, REGINA M
710 DEWEY ST
TALLAHASSEE FL 32303

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 D
NAME SCOTT, DARYL
STREET ADDRESS 612 W BREVARD ST
CITY-ST-ZIP TALLAHASSEE FL 32302 ☒ Delete

TITLE D
NAME Eugene Telefair
STREET ADDRESS 846 West Brevard Street
CITY-ST-ZIP TALLAHASSEE, FL 32302 ☒ Change ☐ Addition

TITLE D
NAME KENON, ROBERT
STREET ADDRESS 630 W BREVARD ST
CITY-ST-ZIP TALLAHASSEE FL 32302 ☐ Delete

TITLE D
NAME NA'IM AKBAR
STREET ADDRESS 324 North Copeland Street
CITY-ST-ZIP TALLAHASSEE, FL 32303 ☐ Change ☒ Addition

TITLE D
NAME MAJEED, NAM NA'IM
STREET ADDRESS 907 DENT ST
CITY-ST-ZIP TALLAHASSEE FL 32302 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
000004086220--3
-04/30/01--01002--028

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
*****70.00 *****70.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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: *REGINA M DAVIS* SIGNATURE REQUIRED DAVIS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/01

Date

850-224-9745

Daytime Phone #

CR2E037 (10/00)