

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 04, 2001 8:00 am
Secretary of State

06-04-2001 90003 021 ****61.25

DOCUMENT # N00000008421

1. Entity Name
VICTORY RESTORATION COMMUNITY DEVELOPMENT, INC.

Principal Place of Business

**4289 GRIFFIN RD.
 FT. LAUDERDALE FL**

Mailing Address

**4289 GRIFFIN RD.
 FT. LAUDERDALE FL**

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

311751864

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**SWEETING, LAWRENCE
 4289 GRIFFIN RD.
 FT. LAUDERDALE FL**

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.

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

TITLE	D	<input type="checkbox"/> Delete
NAME	SWEETING, LAWRENCE	
STREET ADDRESS	1914 PLAYERS PL.	
CITY-ST-ZIP	N. LAUDERDALE FL 33068	
TITLE	D	<input type="checkbox"/> Delete
NAME	SWEETING, TAWANDA	
STREET ADDRESS	1914 PLAYERS PL.	
CITY-ST-ZIP	N. LAUDERDALE FL 33068	
TITLE	D	<input type="checkbox"/> Delete
NAME	ALLEN, JANIE	
STREET ADDRESS	4439 SW 23RD ST.	
CITY-ST-ZIP	W. HOLLYWOOD FL 33023	
TITLE	D	<input type="checkbox"/> Delete
NAME	ANDERSON, GLORIA	
STREET ADDRESS	3565 NW 86TH WAY	
CITY-ST-ZIP	SUNRISE FL 33351	
TITLE	D	<input type="checkbox"/> Delete
NAME	BALDWIN, AZELL	
STREET ADDRESS	2326 MCCLELLAN ST.	
CITY-ST-ZIP	HOLLYWOOD FL 33023	
TITLE	D	<input type="checkbox"/> Delete
NAME	TOLIVER, ANTHONY	
STREET ADDRESS	2842 FILLMORE ST.	
CITY-ST-ZIP	HOLLYWOOD FL 33023	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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 is 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 *Lawrence Sweeting* **Lawrence Sweeting** 5/31/01 954-722-6213

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)