

2001 UNIFORM BUSINESS REPORT (UBR)

5/1

FILED
Jun 05, 2001 8:00 am
Secretary of State

05-10-2001 90171 048 ****70.00

DOCUMENT # N01000000088

1. Entity Name

MOUNT SINAI COMMUNITY DEVELOPMENT ENTERPRISES, I

Principal Place of Business

Mailing Address

**2036 SILVER STREET
JACKSONVILLE FL 32209****2036 SILVER STREET
JACKSONVILLE FL 32209**

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

59-3694394

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

**SANDERS, WILLIE
12760 MICHAELS LANDING CIR
JACKSONVILLE FL**

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	DUPREE, ESTER	6504 HASLETT DRIVE N	JACKSONVILLE FL 32277	<input type="checkbox"/>
DT	MCCLAIN, KENNETH L II	1427 SHEARWATER DRIVE	JACKSONVILLE FL 32218	<input type="checkbox"/>
D	SANDERS, WILLIW	12760 MICHAELS LANDING CIR	JACKSONVILLE FL 32224	<input type="checkbox"/>
D	HENDRIX, THOMAS	4268 MCDANIEL DR	JACKSONVILLE FL 32209	<input type="checkbox"/>
D	GORDON, ROBERT	1604 GORDON ST	JACKSONVILLE FL 32209	<input type="checkbox"/>
D	JUSTICE, DONALD	1824 N LAURA STREET	JACKSONVILLE FL 32208	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: **WILLIE SANDERS**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/01

Date

904-354-7245

Daytime Phone #

CR2E037 (10/00)