

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 24, 2002 8:00 am**  
**Secretary of State**

04-24-2002 90278 028 \*\*\*\*69.00

**DOCUMENT # N01000000088**

1. Entity Name

**MOUNT SINAI COMMUNITY DEVELOPMENT ENTERPRISES, I  
 NC.**

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

**59-3694396**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75** Additional  
 Fee Required



DO NOT WRITE IN THIS SPACE

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 **D** ☐ Delete  
 NAME **DUPREE, ESTER**  
 STREET ADDRESS **6504 HASLETT DRIVE N**  
 CITY-ST-ZIP **JACKSONVILLE FL 32277**

TITLE **D** ☐ Change ☒ Addition  
 NAME **Walter Kimbrough**  
 STREET ADDRESS **11556 Coral Ridge Ave**  
 CITY-ST-ZIP **JAX, FL. 322**

TITLE **DT** ☐ Delete  
 NAME **MCCLAIN, KENNETH L II**  
 STREET ADDRESS **1427 SHEARWATER DRIVE**  
 CITY-ST-ZIP **JACKSONVILLE FL 32218**

TITLE **DS** ☐ Change ☒ Addition  
 NAME **Linda Platte**  
 STREET ADDRESS **1783 Daytona Lane**  
 CITY-ST-ZIP **JAX, FL 32218**

TITLE **DC** ☐ Delete  
 NAME **SANDERS, WILLIW**  
 STREET ADDRESS **12760 MICHAELS LANDING CIR**  
 CITY-ST-ZIP **JACKSONVILLE FL 32224**

TITLE **D** ☐ Change ☒ Addition  
 NAME **Thelma Shootes**  
 STREET ADDRESS **2311 W. 23 ST**  
 CITY-ST-ZIP **JAX, FL 32209**

TITLE **D** ☐ Delete  
 NAME **HENDRIX, THOMAS**  
 STREET ADDRESS **4266 MCDANIEL DR**  
 CITY-ST-ZIP **JACKSONVILLE FL 32209**

TITLE **D** ☐ Change ☒ Addition  
 NAME **Gregg Smith**  
 STREET ADDRESS **2780 Stanwood**  
 CITY-ST-ZIP **JAX, FL. 32207**

TITLE **D** ☐ Delete  
 NAME **GORDON, ROBERT**  
 STREET ADDRESS **1604 GORDON ST**  
 CITY-ST-ZIP **JACKSONVILLE FL 32209**

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

TITLE **D** ☐ Delete  
 NAME **JUSTICE, DONALD**  
 STREET ADDRESS **1824 N LAURA STREET**  
 CITY-ST-ZIP **JACKSONVILLE FL 32206**

TITLE ☐ Change ☐ 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 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

**4/11/02** **(904) 354-7249**  
 Date Daytime Phone #

CR2E037 (9/01)