

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # NO1000004832

1. Entity Name

HAND-UP COMMUNITY DEVELOPMENT, INC.

Principal Place of Business

Mailing Address

8627 SAMONA DR. W.
JACKSONVILLE FL 32208

8627 SAMONA DR. W.
JACKSONVILLE FL 32208

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

03-0374870

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

BYTHWOOD, VIRGINIA
8627 SAMONA DR. W.
JACKSONVILLE FL 32208

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 PD
NAME BYTHWOOD, VIRGINIA
STREET ADDRESS 8627 SAMONA DR. W.
CITY-ST-ZIP JACKSONVILLE FL 32208 ☐ Delete

TITLE SD
NAME SIMMONS, REGINA
STREET ADDRESS 8627 SAMONA DR. W.
CITY-ST-ZIP JACKSONVILLE FL 32208 ☐ Delete

TITLE TD
NAME BYTHWOOD, WILLIE
STREET ADDRESS 740 GOLFAIR BLVD.
CITY-ST-ZIP JACKSONVILLE FL 32208 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE SD
NAME Simmons, Regina
STREET ADDRESS 11501 HARTS RD #202
CITY-ST-ZIP Jacksonville, FL 32218 ☒ Change ☐ Addition

TITLE TD
NAME Bythwood, Willie
STREET ADDRESS 2445 Dunn AVE 207
CITY-ST-ZIP Jacksonville, FL 32218 ☒ Change ☐ Addition

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-25-02 (90) 765-3794

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

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CP2E037 (9/01)