

2000 UNIFORM BUSINESS REPORT (UBR)

0067561

DOCUMENT # N16583

1. Entity Name

MEMPHIS AREA COMMUNITY DEVELOPMENT CORPORATION.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAR 29 PM 5: 05

Principal Place of Business

Mailing Address

~~1000 OREGON CT~~
~~SARASOTA FL 34230~~

~~1000 OREGON CT~~
~~SARASOTA FL 34230-3343~~

2. Principal Place of Business
1180 52nd Street

3. Mailing Address
1180 52nd Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Sarasota FL 34234

City & State
Sarasota FL 34234

Zip

Country

Zip

Country

4. FEI Number
65-0018599

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

MAJOR, LAWRENCE

~~1000 OREGON CT~~
~~SARASOTA FL 34230~~

Name

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

1180 52nd St.

City

Sarasota

FL

Zip Code

34234

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 PD ☐ Delete
NAME MAJOR, LAWRENCE
STREET ADDRESS 1312 24TH ST. EAST
CITY-ST-ZIP BRADENTON FL 34208

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

TITLE DS ☐ Delete
NAME MASSIE, VIRGINIA
STREET ADDRESS PO BOX 258 N/A
CITY-ST-ZIP TALLEVAST FL 34208

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

TITLE DT ☐ Delete
NAME INGRAM, IRENE
STREET ADDRESS 1504 18TH ST EAST
CITY-ST-ZIP BRADENTON FL 34208

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME 300003189293--5
STREET ADDRESS -03/30/00--01006--011
CITY-ST-ZIP *****808.75 *****70.00

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-29-00 360-8185

CR2E037 (9/99)