

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N45590

1. Entity Name

DONNER COMMUNITY DEVELOPMENT CORPORATION

FILED
Apr 03, 2000 8:00 am
Secretary of State

04-03-2000 90133 046 ****61.25

Principal Place of Business

Mailing Address

1671 FRANCIS AVE.
ATLANTIC BEACH FL 32233

PO BOX 33626
ATLANTIC BCH FL 32233
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3085078

Applied For

Not Applicable

Zip

Country

Zip

Country

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

LYNN, POYNER D
1768 OCEANGROVE DR.
ATLANTIC BCH FL 32233

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 PD
NAME SIMPKINS, SHARETTE
STREET ADDRESS 354 19TH ST.
CITY-ST-ZIP ATLANTIC BCH FL

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

TITLE VPD
NAME CALDWELL, BILLY
STREET ADDRESS 5432 MATANZAS WAY
CITY-ST-ZIP JACKSONVILLE FL 32211

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

TITLE SD
NAME FREEMAN, JOYCE
STREET ADDRESS 334 SKATE ROAD
CITY-ST-ZIP ATLANTIC BEACH FL 32233

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

TITLE DT
NAME JACKSON, ORPAH
STREET ADDRESS 15 SIMMONS RD.
CITY-ST-ZIP ATLANTIC BEACH FL 32233

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

TITLE D
NAME DRYSDALE, LYNN
STREET ADDRESS 1768 OCEANGROVE DR.
CITY-ST-ZIP ATLANTIC BEACH FL

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

3/22/00

Date

Daytime Phone #

241-0054 (904)

CR2E037 (9/99)