

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N50932

1. Entity Name

ST. PHILLIP COMMUNITY, INC.

Principal Place of Business

RR 3 BOX 112-B  
MONTICELLO FL 32344-9412

Mailing Address

RR 3 BOX 112-B  
MONTICELLO FL 32344-9450

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

PLUMMER, DOROTHY  
RT 3 BOX 112-B  
MONTICELLO FL 32344

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

4. FEI Number

59-3182007

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

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 BLAKE, PHILIP  
STREET ADDRESS 3204 NOTRADAME STREET  
CITY-ST-ZIP TALLAHASSEE FL ☐ Delete

TITLE VD  
NAME LEON, HIGHTOWER  
STREET ADDRESS 1315 COLORADO STREET  
CITY-ST-ZIP TALLAHASSEE FL 32304 ☐ Delete

TITLE SD  
NAME PLUMMER, DOROTHY  
STREET ADDRESS RT 3 BOX 112B  
CITY-ST-ZIP MONTICELLO FL 32344 ☐ Delete

TITLE S  
NAME PLUMER, DOROTHY  
STREET ADDRESS RT. 3, BOX 112, B  
CITY-ST-ZIP MONTICELLO FL ☐ 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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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

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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

Leon H. Hightower  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/00  
Date

891-1328  
Daytime Phone #

FILED  
May 02, 2000 8:00 am  
Secretary of State

05-02-2000 90162 005 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2F037 (9/00)