

2001 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 32344-9412

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 59-3182007

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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 *Dorothy Plummer*
Street Address (P.O. Box Number is Not Acceptable) *RT 3 Box 112-B*
Monticello Fla 32344-
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

TITLE	PD	<input type="checkbox"/> Delete
NAME	BLAKE, PHILIP	
STREET ADDRESS	3204 NOTRADAME STREET	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	LEON, HIGHTOWER	
STREET ADDRESS	1315 COLORADO STREET	
CITY-ST-ZIP	TALLAHASSEE FL 32304	
TITLE	SD	<input type="checkbox"/> Delete
NAME	PLUMMER, DOROTHY	
STREET ADDRESS	RT. 3 BOX 112B	
CITY-ST-ZIP	MONTICELLO FL 32344	
TITLE	S	<input type="checkbox"/> Delete
NAME	PLUMER, DOROTHY	
STREET ADDRESS	RT. 3, BOX 112 B	
CITY-ST-ZIP	MONTICELLO FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	4010 Bishop Road	
CITY-ST-ZIP	Tallahassee, Florida 32310	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	Dorothy Plummer	
CITY-ST-ZIP		
TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	RT 3 Box 112 B	
CITY-ST-ZIP	Monticello Fla, 32344	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Rec. Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Waverlee Blake	
STREET ADDRESS	RT. 3 BOX 139-C	
CITY-ST-ZIP	MONTICELLO, Florida 32344	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Leon Hightower*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(850) 681-3875



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)