

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N92000000227**

1. Entity Name

RICHMOND HEIGHTS COMMUNITY DEVELOPMENT CORPORATI**FILED**
Jan 25, 2001 8:00 am
Secretary of State

01-25-2001 90124 047 ****70.00

Principal Place of Business

14440 OLIVIA EDWARDS (LINCOLN) BLVD.
MIAMI FL 33176

Mailing Address

14440 OLIVIA EDWARDS (LINCOLN) BLVD.
MIAMI FL 33176

00007754



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0378328

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

FERGUSON, JOHN A
11111 PINKSTON DR
MIAMI FL 33176

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 \$61.259. 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
NAME
STREET ADDRESS
CITY-ST-ZIP
T
GRAY, CHARLES ☐ Delete
14000 MONROE ST
MIAMI FL 33176TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ST
BROWN, ROY ☒ Delete
14440 LINCOLN BLVD
MIAMI FL 33176TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PT
FERSONSON, JOHN ☒ Delete
11111 PINKSTON DR
MIAMI FL 33176TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PT ☐ Change ☒ Addition
FERGUSON, JOHN
11111 PINKSTON DRIVE
MIAMI FL 33176TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPT
FRIERSON, WALTER ☐ Delete
14444 LINCOLN BLVD
MIAMI FL 33176TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
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

Date

Daytime Phone #

CR2E037 (10/00)