

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 31, 2002 8:00 am
Secretary of State

01-31-2002 90258 001 ****61.25
01-31-2002 90258 002 *****8.75

DOCUMENT # N93000004336

1. Entity Name

GOULDS COMMUNITY DEVELOPMENT CORPORATION, INC.

Principal Place of Business

Mailing Address

**11293 S.W. 216 STREET
GOULDS FL 33170**

**11293 S.W. 216 STREET
GOULDS FL 33170**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0428857

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

**DEMPS, JR, J L
11025 S.W. 223 STREET
GOULDS FL 33170**

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 ☐ Delete
NAME **PD**
STREET ADDRESS **DEMPS, JR., J L**
CITY-ST-ZIP **11025 S.W. 127 STREET
GOULDS FL 33170**

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

TITLE ☐ Delete
NAME **VD**
STREET ADDRESS **WEBB, CARLYLE**
CITY-ST-ZIP **21651 SW 127 COURT
GOULDS FL 33177**

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

TITLE ☒ Delete
NAME **TD**
STREET ADDRESS **POPE, LIZZIERENE**
CITY-ST-ZIP **10720 SW 222 DRIVE
GOULDS FL 33170**

TITLE ☐ Change ☒ Addition
NAME **Treasurer**
STREET ADDRESS **Jeffrey Nilsson**
CITY-ST-ZIP **14534 SW 80th Street
Miami, FL 33183**

TITLE ☐ Delete
NAME **SD**
STREET ADDRESS **LEWIS, CANTY**
CITY-ST-ZIP **11799 BAILES ROAD
GOULDS FL 33170**

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

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: J L Demps, Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/01 (305) 278-6950

Date

Daytime Phone #

CR2E037 (9/01)