

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000002033

1. Entity Name

BETTER COMMUNITY DEVELOPMENT, INC.

FILED
Apr 27, 2000 8:00 am
Secretary of State

04-27-2000 90053 017 ****61.25

Principal Place of Business
1875 N.E. 168TH ST.
NORTH MIAMI BEACH FL 33162

Mailing Address
1875 N.E. 168TH ST.
NORTH MIAMI BEACH FL 33162-3022

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
65-0605135

Applied For
Not Applicable

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

WILLINGER, SCOTT R
8181 N.W. 36TH STREET
SUITE 100
MIAMI FL 33166

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	D	<input type="checkbox"/> Delete
NAME	CHISHOLM, DAVID	
STREET ADDRESS	1875 N.E. 168TH STREET	
CITY-ST-ZIP	NORTH MIAMI BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	RANSOM, VELVA	
STREET ADDRESS	5400 S.W. 19TH ST.	
CITY-ST-ZIP	W HOLLYWOOD FL 33023	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CHISHOLM, LOUIS	
STREET ADDRESS	5400 S.W. 19TH STREET	
CITY-ST-ZIP	W. HOLLYWOOD FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	RANSOM, SHAWN	
STREET ADDRESS	5405 SW 19 ST	
CITY-ST-ZIP	WEST HOLLYWOOD FL 33023	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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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 reports 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 #

4/20/00

305-693-7633

CP2E037 (9/99)