

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000004704

1. Entity Name

STAR COMMUNITY DEVELOPMENT CORPORATION

FILED
Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90178 016 ****70.00

Principal Place of Business 5401 S.W. 24TH STREET W. HOLLYWOOD FL 33023 US	Mailing Address 2311 S W 48TH AVENUE MIRAMAR FL 33023-3361 US
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2. Principal Place of Business 5401 S.W. 24th STREET Suite, Apt. #, etc. W. HOLLYWOOD, FLORIDA City & State	3. Mailing Address 2311 S.W. 48th STREET Suite, Apt. #, etc. W. HOLLYWOOD, FLORIDA City & State
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DO NOT WRITE IN THIS SPACE

Zip 33023	Country BROWARD	Zip 33023	Country BROWARD	4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					

6. Name and Address of Current Registered Agent HEPBURN, PATRICIA 5360 S.W. 19TH STREET WEST HOLLYWOOD FL	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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: *Patricia Hephburn* 5360 S.W. 19th St W. Hollywood Fl
(NOTE: Registered Agent signature required when reinstating) DATE: 1-11-2000

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C HEPBURN, I.W. S REV. 2311 S.W. 48TH AVE W HOLLYWOOD FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOLLY, WILLIAM D 5111 S.W. 20TH ST. W HOLLYWOOD FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HEPBURN, PATRICIA 5360 S.W. 19TH ST. W HOLLYWOOD FL 33023 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M THOMAS, EARLY JR 2830 N.W. 164TH ST. OPA LOCKA FL 33054 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HEPBURN, PHILLIP 1223 WILLOW LERE CIR. HOOVER AL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BROWN, ANTHONY 431 N.W. 184TH TERRACE MIAMI FL 33169 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Patricia Hephburn* **RE-SIGNATURE REQUIRED** Jan 18, 2000 954-989 9409
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)