

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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DO NOT WRITE IN THIS SPACE

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

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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)
 DATE: 1-11-2000

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	C	<input type="checkbox"/> Delete
NAME	HEPBURN, I.W. S REV.	
STREET ADDRESS	2311 S.W. 48TH AVE	
CITY-ST-ZIP	W HOLLYWOOD FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	JOLLY, WILLIAM D	
STREET ADDRESS	5111 S.W. 20TH ST.	
CITY-ST-ZIP	W HOLLYWOOD FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	HEPBURN, PATRICIA	
STREET ADDRESS	5360 S.W. 19TH ST.	
CITY-ST-ZIP	W HOLLYWOOD FL 33023	
TITLE	M	<input type="checkbox"/> Delete
NAME	THOMAS, EARLY JR	
STREET ADDRESS	2830 N.W. 164TH ST.	
CITY-ST-ZIP	OPA LOCKA FL 33054	
TITLE	D	<input type="checkbox"/> Delete
NAME	HEPBURN, PHILLIP	
STREET ADDRESS	1223 WILLOW LERE CIR.	
CITY-ST-ZIP	HOOVER AL	
TITLE	T	<input type="checkbox"/> Delete
NAME	BROWN, ANTHONY	
STREET ADDRESS	431 N.W. 184TH TERRACE	
CITY-ST-ZIP	MIAMI FL 33169	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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: *Patricia Hephburn* **REINSTATEMENT REQUIRED** Jan 18, 2000 954-989 9409
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)