

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2001 8:00 am
Secretary of State

02-01-2001 90140 026 ****70.00

DOCUMENT # N96000000431

1. Entity Name

GLOBAL VILLAGE COMMUNITY DEVELOPMENT AGENCY, INC

Principal Place of Business

5070 N OCEAN DR APT 4C
 SINGER ISLAND FL 33404

Mailing Address

11420 STRAND DR.
 APT. 8
 ROCKVILLE MD 20852-2986

2. Principal Place of Business

406 US Hwy 1

3. Mailing Address

Suite, Apt. #, etc.

City & State

LAKE PARK

City & State

Zip

33403

Country

PALESTINE

Zip

Country

4. FEI Number

65-0713172

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

COOK, ROBERT B
 11911 US HWY ONE STE 308
 NORTH PALM BEACH FL 33408

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

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

TITLE: D ☐ Delete
 NAME: WEISS, LINDA S
 STREET ADDRESS: 5070 N OCEAN DR APT 4C
 CITY-ST-ZIP: SINGER ISLAND FL 33404

TITLE: D ☐ Delete
 NAME: KIMBERLY, JENNIFER W
 STREET ADDRESS: 23040 BRIGHTON PL
 CITY-ST-ZIP: LAND O' LAKES FL 34639

TITLE: D ☐ Delete
 NAME: REED, RONALD W
 STREET ADDRESS: 4414 LARKFIELD LANE
 CITY-ST-ZIP: TAMPA H FL 33624

TITLE: ☐ Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: ☐ Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: ☐ Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE: ☐ Change ☐ Addition
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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:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/01
 Date

301-881-4991
 Daytime Phone #

CR2E037 (10/00)