# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Jul 07, 2000 8:00 am**
**Secretary of State**
07-07-2000 90460 048 ****61.25

DOCUMENT # N96000001997

1. Entity Name

UNITED COMMUNITY DEVELOPMENT, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 630 N. BUMBY AVENUE<br>STE 224<br>ORLANDO FL 32803-4920 | 630 N. BUMBY AVENUE<br>STE 224<br>ORLANDO FL 32803-4920 |

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 503 W. Church St. | 503 W. Church St. |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: Orlando, FL. | City & State: Orlando, FL. |
| Zip: 32805 Country: Orange | Zip: 32805 Country: Orange |

4. FEI Number: 59-3380885 ☐ 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 |
|---|---|
| ALSTON, THOMAS N<br>630 N. BUMBY AVENUE<br>STE 224<br>ORLANDO FL 32803 | Name: Alston, Thomas N.<br>Street Address (P.O. Box Number is Not Acceptable): 503 W. Church St.<br>City: Orlando FL Zip Code: 32805 |

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: Thomas N. Alston — Thomas N. Alston — 6-30-00

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 / NAME / STREET ADDRESS / CITY-ST-ZIP | P.<br>ALSTON, THOMAS N<br>1544 CROSSBEAM DR.<br>CASSELBERRY FL 32707 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | CD<br>THOMAS, KENNETH L<br>1801 NW 5TH STREET<br>FT. LAUDERDALE FL 33311 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>BARON, JOSEPH N<br>3375 BARTOW RD.<br>LAKELAND FL 33803 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VCD<br>CUMMINGS, JOHN H<br>2028 HAMPTON CIRCLE<br>WINTER PARK FL 32792 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD<br>SHANKS, LILLIE M<br>8 WASHINGTON AVE<br>EATONVILLE FL 32860 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>CHILES-BARRETT, TANDY<br>2410 SHERBROOKE RD<br>WINTER PARK FL 32792 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>Renay Oliver<br>1258 Dunbridge St.<br>Apopka, FL. 32703 | ☐ Change ☒ Addition |

CR2E037 (1/96)

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 Thomas N.Alston 6/30/00 (407)228-7301

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #