

2002 UNIFORM BUSINESS REPORT (UBR)

0005040

DOCUMENT # N96000001997

1. Entity Name

UNITED COMMUNITY DEVELOPMENT, INC.

FILED

02 OCT 16 AM 11:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

503 W CHURCH ST
ORLANDO FL 32805

Mailing Address

400 W CHURCH STREET
PO BOX 555703
ORLANDO FL 32855-5703

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

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
503 W. CHURCH ST.
ORLANDO FL 32805

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

After September 13, 2002,
min. will be \$236.25.

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 P ☐ Delete
NAME ALSTON, THOMAS N
STREET ADDRESS 1544 CROSSBEAM DR.
CITY-ST-ZIP CASSELBERRY FL 32707

TITLE ☐ Delete
NAME 500008436346 ☐ Addition
STREET ADDRESS 10/18/02--01002--016 **61.25
CITY-ST-ZIP

TITLE CD ☐ Delete
NAME THOMAS, KENNETH L
STREET ADDRESS 1801 NW 5TH STREET
CITY-ST-ZIP FT. LAUDERDALE FL 33311

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

TITLE SD ☒ Delete
NAME BARON, JOSEPH N
STREET ADDRESS 3375 BARTOW RD.
CITY-ST-ZIP LAKELAND FL 33803

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

TITLE TD ☐ Delete
NAME SHANKS, LILLIE M
STREET ADDRESS 8 WASHINGTON AVE
CITY-ST-ZIP EATONVILLE FL 32860

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

TITLE D ☐ Delete
NAME OLIVER, RENAY
STREET ADDRESS 1258 DUNBRIDGE ST.
CITY-ST-ZIP APOPKA FL 32703

TITLE SD ☒ Change ☐ Addition
NAME OLIVER, RENAY
STREET ADDRESS 1258 Dunbridge St
CITY-ST-ZIP APOPKA FL 32707

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

9-11-02 (407) 292-9890

CR2E037 (4/02)