

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000005261

1. Entity Name

THE CARROLL COMMUNITY DEVELOPMENT ASSOCIATION, I

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90011 015 ****61.25

Principal Place of Business

Mailing Address

2810 CHATSWORTH LANE
LAKELAND FL 33813

P.O. BOX 6189
LAKELAND FL 33807-6189

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3405617

Applied For

Not Applicable

Zip

Country

Zip

Country

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

STUART, JANET M
ONE LAKE MORTON DRIVE
LAKELAND FL 33801

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME VD
STREET ADDRESS CARROLL, PAMELA A
CITY-ST-ZIP 534 PENINSULAR DRIVE
LAKELAND FL 33813

TITLE ☒ Change ☐ Addition
NAME D
STREET ADDRESS Carroll, Pamela A.
CITY-ST-ZIP 534 Peninsular Drive
Lakeland, FL. 33813

TITLE ☐ Delete
NAME CPD
STREET ADDRESS AUTRY, DONNA S
CITY-ST-ZIP 2810 CHATSWORTH LANE
LAKELAND FL 33813

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

TITLE ☐ Delete
NAME D
STREET ADDRESS MATHEWS, RANDY
CITY-ST-ZIP 502 DON-EL STREET
LAKELAND FL 33813

TITLE ☐ Change ☒ Addition
NAME D
STREET ADDRESS Bailey, Rosemary
CITY-ST-ZIP 2601 Sleepy Hollow Lane
Lakeland, FL. 33810

TITLE ☒ Delete
NAME T
STREET ADDRESS GLAD, GLENN
CITY-ST-ZIP 6432 LONGWOOD TRACE LANE N.
LAKELAND FL 33811

TITLE ☒ Change ☒ Addition
NAME T
STREET ADDRESS Bailey, Doug
CITY-ST-ZIP 2601 Sleepy Hollow Lane
Lakeland, FL. 33810

TITLE ☐ Delete
NAME VD
STREET ADDRESS WILLERS, JOCK
CITY-ST-ZIP 5100 LAKE-IN-THE-WOODS
LAKELAND FL 33813

TITLE ☒ Change ☐ Addition
NAME D
STREET ADDRESS Willers, Jock
CITY-ST-ZIP 5100 Lake-In-The-Woods
Lakeland, FL. 33813

TITLE ☒ Delete
NAME S
STREET ADDRESS ELLIOTT, KIRSTIN
CITY-ST-ZIP 605 E. OAK STREET
LAKELAND FL 33801

TITLE ☒ Change ☒ Addition
NAME D
STREET ADDRESS McDonough, Cheryl
CITY-ST-ZIP 8554 Torchka Run
Lakeland, FL. 33810

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: Donna S. Autry Donna S. Autry 4/25/2000 863-644-0767

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)