2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **N96000005556**

1. Entity Name

MCCRARY ECONOMIC DEVELOPMENT, INC.

Mailing Address

1324 SW AVE D BELLE GLADE FL 33430

Principal Place of Business

1324 SW AVE D

BELLE GLADE FL 33430

FILED Sep 16, 2002 8:00 am Secretary of State

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2 Principal	Place of Pusis	2000	0. 14-06-	- A d d	·					
2. Principal Place of Business			3. Manir	ng Address			I INDIKINI DIE KOKKO BIKIK BOKIK BOKIK BOKIK BOKIK BOKIK DIKAK BIKIN BIKIN BIKIN BIKIN BIKIN BIKIN BIKIN BIKIN			
Suite, Apt. #, etc.			Suite	e, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State			City	& State	,	4. FEI Number	4. FEI Number 65-0709706		pplied For ot Applicable	
Zip Country			Zip		Country	5. Certificate of St	./	\$8.75 Ac	Iditional	
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent				
	ص ب <u>ــ</u> - يـه				Name	19 mg			***	
MCCRARY, JACQUELYN 1324 SW AVE D					Street, Addr	ss (P.O. Box Number is Not Acceptable)				
		100								
BELLE GLADE FL 33430					City		FL	Zip Coo	le	
8. The above	e named entity	submits this statement fo	the purpos	o of changing its re	paintared office or re-	ristored seest or both in		- !		
the obliga	ations of regist	ered agent.	i me baibos	se or changing its re	gistered office of reg	gistered agent, or both, in	the State of Florida. I am	tamillar with,	, and accept	
•:										
SIGNATURE										
'		or printed name of registered agent	and title if applic	able. (NOTE: F	Registered Agent signature re	equired when reinstating)	DATE	-		
 	 									
	After Sent	ombor 13 2002		9. Election Camp	aign Financino	65.00	Maka Okaa	la Massadala		
After September 13, 2002, 9. Election Cam min. will be \$236.25. Trust Fund C					· -	- WO'GO MAY DO I MAKE OHEOR I AYDIC IO			το	
	HILLIA VALLE	i de \$230.25.				Added to rees	υepaπme	nt of State	•	
10.		OFFICERS AND DIF	RECTORS		11.	ADDITIONS/CHANGE	S TO OFFICERS AND D	RECTORS IN	J 10	
TITLE	PD	· · · · · · · · · · · · · · · · · · ·		☐ Delete	TITLE	7.00	30.000,102,107,143 31	☐ Change	Addition	
NAME	1 -	, JACQUELYN			NAME			ondange		
STREET ADDRESS	1324 SW /				STREET ADDRESS					
CITY-ST-ZIP		NDE FL 33430			CITY-ST-ZIP			_		
TITLE	SD	102 12 00 100		☐ Delete	TITLE			☐ Change	Addition	
NAME	MCCRARY.	PATRINA		CO Delete	NAME			L_ Ghange		
STREET ADDRESS	1324 SW A				STREET ADDRESS					
CITY-ST-ZIP		NDE FL 33430			CITY-ST-ZIP				i	
TITLE	TD	<u> </u>		Delete	TITLE -		. 300	☐ Change	☐ Addition	
NAME	MCCRARY,	CORESIA		C Delete	NAME	•		☐ Change	☐ Adultion	
STREET ADDRESS	1324 SW A				STREET ADDRESS				ľ	
CITY-ST-ZIP		NDE FL 33430			CITY-ST-ZIP					
TITLE	BD	DE LE GOTOU	•	Delete	TITLE			[] Change	Addition	
NAME	WALKER, F	ROBERT			NAME			∟ crange	☐ Addition	
STREET ADDRESS	816 SE 2N				STREET ADDRESS					
CITY-ST-ZIP		NDE FL 33430			CITY-ST-ZIP				ĺ	
TITLE	BD BD	IDE I E OUTOV		☐ Delete	TITLE			Change:	Addition	
	1 1 3 1 7				IIILE			☐ Change	I LAGOITION L	

BELLE GLADE FL 33430 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 of 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.

NAME

TITLE

NAME

☐ Delete

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

WALKER, MATTIE

BELLE GLADE FL 33430

WEST, JAMES R JR

125 NW AVENUE 8

816 SE 2ND ST

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

☐ Change

Addition