

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0010924

DOCUMENT # N96000005556

1. Entity Name

MCCRARY ECONOMIC DEVELOPMENT, INC.



APPROVED
AND
FILED

'03 SEP 22 PM 1:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[Handwritten signature]

Principal Place of Business

1324 SW AVE D
BELLE GLADE FL 33430

Mailing Address

1324 SW AVE D
BELLE GLADE FL 33430

2. Principal Place of Business

Same as Above

3. Mailing Address

Same as Above

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
Belle Glade FL

City & State
Belle Glade FL

4. FEI Number 65-0709706

☒ Applied For
☐ Not Applicable

Zip
33430

Country
America

Zip
33430

Country
U.S. of America

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MCCRARY, JACQUELYN
1324 SW AVE D
BELLE GLADE FL 33430

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. 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

FILE NOW: FEE IS \$61.25
After September 10, 2003, min will be \$236.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	MCCRARY, JACQUELYN	
STREET ADDRESS	1324 SW AVE D	
CITY-ST-ZIP	BELLE GLADE FL 33430	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MCCRARY, PATRINA	
STREET ADDRESS	1324 SW AVE D	
CITY-ST-ZIP	BELLE GLADE FL 33430	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MCCRARY, CORESIA	
STREET ADDRESS	1324 SW AVE D	
CITY-ST-ZIP	BELLE GLADE FL 33430	
TITLE	BD	<input type="checkbox"/> Delete
NAME	WALKER, ROBERT	
STREET ADDRESS	816 SE 2ND ST	
CITY-ST-ZIP	BELLE GLADE FL 33430	
TITLE	BD	<input type="checkbox"/> Delete
NAME	WALKER, MATTIE	
STREET ADDRESS	816 SE 2ND ST	
CITY-ST-ZIP	BELLE GLADE FL 33430	
TITLE	BD	<input type="checkbox"/> Delete
NAME	WEST, JAMES R JR	
STREET ADDRESS	125 NW AVENUE 8	
CITY-ST-ZIP	BELLE GLADE FL 33430	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	100023540731
CITY-ST-ZIP	10/03/03--01021--020 **\$61.25
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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

Jacquelyn MCCRary

9/10/03 (501/992-4362)

CR2E037 (4/03)