

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000005756

1. Entity Name

F.E.C.D. COMMUNITY DEVELOPMENT, INC.

Principal Place of Business

800 VIRGINIA AVE  
STE 23-E  
FT. PIERCE FL 34982  
US

Mailing Address

800 VIRGINIA AVE  
STE 23-E  
FT. PIERCE FL 34982  
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

HOGAN, DAVE JR.  
800 VIRGINIA AVENUE  
SUITE 23-C  
FT. PIERCE FL 34984

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.

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 12, 2001, 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

TITLE PD  
NAME HOGAN, DAVE JR. ☐ Delete  
STREET ADDRESS 301 ESSEX DRIVE  
CITY-ST-ZIP FT. PIERCE FL 34982

TITLE BM  
NAME ROBERTS, CLEVELAND E JR. ☐ Delete  
STREET ADDRESS 1540 N.W. 203RD STREET  
CITY-ST-ZIP MIAMI FL 33169

TITLE TD  
NAME GUY, FELIX E ☐ Delete  
STREET ADDRESS 1480 WEST 29TH STREET  
CITY-ST-ZIP RIVIERA BEACH FL 33404

TITLE D  
NAME WILLIAMS, WOODROE SR. ☐ Delete  
STREET ADDRESS 3420 S.W. 1ST COURT  
CITY-ST-ZIP FT. LAUDERDALE FL 33312

TITLE S  
NAME BRAZIL, ELVIS ☐ Delete  
STREET ADDRESS 14531 NW 13TH CT  
CITY-ST-ZIP MIAMI FL 33247

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition  
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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

DAVE HOGAN JR. SECRETARY

FILED

01 OCT 29 PM 1:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



REINSTATEMENT

4. FEI Number.

65-0704757

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

0015708

CR2E037 (5/01)

7-8-01 4640/46