

**2002 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Sep 16, 2002 8:00 am**  
**Secretary of State**

09-16-2002 90111 006 \*\*\*\*61.25

**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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**65-0704757**

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

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	PD	<input type="checkbox"/> Delete
NAME	HOGAN, DAVE JR.	
STREET ADDRESS	301 ESSEX DRIVE	
CITY-ST-ZIP	FT. PIERCE FL 34982	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	BM	<input type="checkbox"/> Delete
NAME	ROBERTS, CLEVELAND E JR.	
STREET ADDRESS	1540 N.W. 203RD STREET	
CITY-ST-ZIP	MIAMI FL 33169	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	TD	<input type="checkbox"/> Delete
NAME	GUY, FELIX E	
STREET ADDRESS	1480 WEST 29TH STREET	
CITY-ST-ZIP	RIVIERA BEACH FL 33404	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	WILLIAMS, WOODROE SR.	
STREET ADDRESS	3420 S.W. 1ST COURT	
CITY-ST-ZIP	FT. LAUDERDALE FL 33312	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	S	<input type="checkbox"/> Delete
NAME	BRAZIL, ELVIS	
STREET ADDRESS	14531 NW 13TH CT	
CITY-ST-ZIP	MIAMI FL 33247	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
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: \_\_\_\_\_

**SIGNATURE REQUIRED****9-8-02 (561)848-7332**

CR2E037 (4/02)