

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 97000000986

1. Entity Name

FLORIDA NATIONAL COMMUNITY DEVELOPMENT

Principal Place of Business

Mailing Address

(Same)

2700 W. Atlantic Blvd. #214
Pompano Bch., FL 33069

FILED

01 MAY -4 PM 2:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0731318

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

Trimm, Dr. N. Cindy
2700 W. Atlantic Blvd. #214
Pompano Bch., FL 33069

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

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 ☐ Delete
NAME Trimm, Dr. N. Cindy
STREET ADDRESS 2700 W. Atlantic Blvd. #214
CITY-ST-ZIP Pompano Bch., FL 33069

TITLE TD ☐ Delete
NAME Leahey, Debbie
STREET ADDRESS 5312 NE 6th Avenue #D20
CITY-ST-ZIP Ft. Lauderdale, FL 33445

TITLE SD ☐ Delete
NAME Duncombe, Wendy
STREET ADDRESS 2700 W. Atlantic Blvd. #214
CITY-ST-ZIP Pompano Bch., FL 33069

TITLE D ☐ Delete
NAME Hanna, Dr. Harlington
STREET ADDRESS 2251 N. Federal Hwy.
CITY-ST-ZIP Pompano Bch., FL 33060

TITLE D ☐ Delete
NAME Jackson, Monica
STREET ADDRESS 2060 NW 48th Terrace #203
CITY-ST-ZIP Lauderhill, FL 33313

TITLE D ☐ Delete
NAME Nethersole, Keith
STREET ADDRESS 16681 SW 1st Street
CITY-ST-ZIP Pembroke Pines, FL 33027

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME 100004272011-9
STREET ADDRESS -05/21/01--01002--012
CITY-ST-ZIP *****122.50 *****122.50

TITLE ☐ Change ☐ Addition
NAME 100004272011-9
STREET ADDRESS -05/21/01--01002--013
CITY-ST-ZIP *****61.25 *****61.25

TITLE ☐ Change ☐ Addition
NAME 99-01432
STREET ADDRESS 78
CITY-ST-ZIP

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 2, 2001 (954)969-1877

Date

Daytime Phone #

CR2E037 (11/00)