

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Apr 20, 2000 8:00 am**  
**Secretary of State**

04-20-2000 90087 012 \*\*\*\*70.00

**DOCUMENT #** *N97000001047*

**1. Entity Name**  
*WRIGHT'S COMMUNITY DEVELOPMENT, Inc.*

**Principal Place of Business**  
*5810 Taft Street*  
*Hollywood FL 33021*

**Mailing Address**  
*5810 Taft Street*  
*Hollywood FL 33021*

**D0033573**

**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**

*65-0728376*

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**

**7. Name and Address of New Registered Agent**

*Wright, Caroline*  
*5810 Taft Street*  
*Hollywood FL 33021*

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

**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	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
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TITLE	<input type="checkbox"/> Delete
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	<i>PD Wright, Caroline</i>
STREET ADDRESS	<i>5810 Taft Street</i>
CITY-ST-ZIP	<i>Hollywood FL 33021</i>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>SD Williams Gerda</i>
STREET ADDRESS	<i>6712 SW 34th Court</i>
CITY-ST-ZIP	<i>Miramar FL 33023</i>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>TD Mercy Erminude</i>
STREET ADDRESS	<i>3820 S Lake Terrace</i>
CITY-ST-ZIP	<i>Miramar FL 33023</i>
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:** *Caroline Wright/Caroline Wright*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/10/2000*

Date

*(954) 987-3743*

Daytime Phone #

CR2E037 (9/99)