

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000003406

1. Entity Name

GREATER PINEY GROVE DEVELOPMENT CORPORATION, INC

Principal Place of Business

112 HUEY STREET
WILDWOOD FL 34785

Mailing Address

112 HUEY STREET
WILDWOOD FL 34785

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

59-3449280

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

CHANDLER, ARTHUR J REV.
112 HUEY STREET
WILDWOOD FL 34785

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 NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

PD
CHANDLER, ARTHUR J REV.
112 HUEY STREET
WILDWOOD FL 34785

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☒ Delete

SD
BIVINS, PAMALA K
604 EVANS STREET
WILDWOOD FL 34785

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☒ Delete

TD
MOSLEY, SHARON
477 E. CR 462
WILDWOOD FL 34785

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

VONCIA DEVEAU
703 ROSS ST.
WILDWOOD, FLA. 34785 ☐ Change ☒ Addition

REV. ALBERTIS TIMMONS, JR.
300 TERRY STREET
WILDWOOD, FLORIDA 34785 ☐ Change ☒ Addition

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

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

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

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

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

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

REV. ARTHUR J. CHANDLER 1-8-02 352 748-1695

Date

Daytime Phone #

FILED
Jan 10, 2002 8:00 am
Secretary of State

01-10-2002 90016 039 ****61.25

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DO NOT WRITE IN THIS SPACE

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CR2E037 (9/01)