

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90046 046 ****61.25

DOCUMENT # N97000003983

1. Entity Name

COMMUNITY DEVELOPMENT CORPORATION OF LEESBURG & VICINITY

Principal Place of Business

Mailing Address

311 PINE ST
 LEESBURG FL 32748
 US

311 PINE ST
 LEESBURG FL 32748
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3455505

Applied For

Not Applicable

Zip

Country

Zip

Country

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

LEE, LEROY W
 311 PINE ST
 LEESBURG FL 34748

Name **John H. Christian II**

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

311 Pine Street

City

Leesburg

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

Chairman

01/22/02

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	OC	<input type="checkbox"/> Delete
NAME	LEE, LEROY W	
STREET ADDRESS	311 PINE STREET	
CITY-ST-ZIP	LEESBURG FL 34748	
TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	POOLE, TH SR	
STREET ADDRESS	311 PINE STREET	
CITY-ST-ZIP	LEESBURG FL 34748	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HANNAH, WILLIS	
STREET ADDRESS	311 PINE STREET	
CITY-ST-ZIP	LEESBURG FL 34748	
TITLE	D	<input type="checkbox"/> Delete
NAME	WARD, MARGARET	
STREET ADDRESS	401 N MILLS ST	
CITY-ST-ZIP	LEESBURG FL 34748	
TITLE	OVC	<input type="checkbox"/> Delete
NAME	CHRISTIAN, JOHN H	
STREET ADDRESS	311 PINE STREET	
CITY-ST-ZIP	LEESBURG FL 34748	
TITLE	D	<input type="checkbox"/> Delete
NAME	SAMUEL, CAROLYN	
STREET ADDRESS	201 N EAST ST	
CITY-ST-ZIP	LEESBURG FL 34748	

TITLE	Chairman	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	John H. Christian II	
STREET ADDRESS	311 Pine Street	
CITY-ST-ZIP	Leesburg, FL 34748	
TITLE	Vice-Chairman	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Leroy W. Lee	
STREET ADDRESS	311 Pine Street	
CITY-ST-ZIP	Leesburg, FL 34748	
TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Vanessa Bean	
STREET ADDRESS	311 Pine Street	
CITY-ST-ZIP	Leesburg, FL 34748	
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 titles empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/22/02 (352)314-8868

DATE

Daytime Phone #

CR2E037 (9/01)