

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000002304

1. Entity Name

NEW COMMUNITY DEVELOPMENT GROUP, INC.

FILED
Sep 18, 2000 8:00 am
Secretary of State

09-18-2000 90046 021 ****61.25

Principal Place of Business

7875 BELVEDERE RD
 WEST PALM BEACH FL 33411

Mailing Address

7875 BELVEDERE RD
 WEST PALM BEACH FL 33411

00081201



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7875 Belvedere rd
 Suite, Apt. #, etc.

3. Mailing Address

7875 Belvedere rd
 Suite, Apt. #, etc.

City & State

West Palm Beach FL

City & State

West Palm Beach FL

4. FEI Number

65-0639778

Applied For

Not Applicable

Zip

33411

Country

USA

Zip

33411

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

FORD, MATTHEW
 7875 BELVEDERE RD
 WEST PALM BEACH FL 33411

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

Matthew Ford

MATTHEW FORD

TSD 9-1-00

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
After September 13, 2000 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

TITLE	PD	<input type="checkbox"/> Delete
NAME	HUBBARD, LYNNE	
STREET ADDRESS	7875 BELVEDERE RD	
CITY-ST-ZIP	WEST PALM BEACH FL 33411	
TITLE	VD	<input type="checkbox"/> Delete
NAME	HUBBARD, ULYSSES	
STREET ADDRESS	7875 BELVEDERE RD	
CITY-ST-ZIP	WEST PALM BEACH FL 33411	
TITLE	TSD	<input type="checkbox"/> Delete
NAME	FORD, MATTHEW	
STREET ADDRESS	7875 BELVEDERE RD	
CITY-ST-ZIP	WEST PALM BEACH FL 33411	
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		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

Ulysses Hubbard

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9-1-00

561 5531924

CR2E037 (5/00)