

2002 UNIFORM BUSINESS REPORT (UBR)

0006464

DOCUMENT # N98000002425

1. Entity Name

FAMU COMMUNITY DEVELOPMENT CORPORATION

Principal Place of Business

Mailing Address

636 ARDELIA CT
TALLAHASSEE FL 32307

PO BOX 7356
TALLAHASSEE FL 32314

FILED

02 APR 22 PM 12:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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

59-3498319

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

**HAMILTON, FRANKLIN D
400 FOOTE-HILYER, FLORIDA A&M UNIVERSITY
TALLAHASSEE FL 32307**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME PD
STREET ADDRESS HAMILTON, FRANKLIN D
CITY-ST-ZIP 400 FOOTE-HILYER, FLORIDA A&M UNIVERSITY
TALLAHASSEE FL 32307

TITLE ☐ Change ☐ Addition
NAME 500005452105--4
STREET ADDRESS -05/06/02--01021--003
CITY-ST-ZIP *****61.25 *****61.25

TITLE ☐ Delete
NAME SD
STREET ADDRESS SLOAN, A. DELORIES
CITY-ST-ZIP 308 FOOTE-HILYER, FAMU
TALLAHASSEE FL 32307

TITLE ☐ Change ☐ Addition
NAME 500005452105--4
STREET ADDRESS -05/06/02--01021--010
CITY-ST-ZIP *****8.75 *****8.75

TITLE ☐ Delete
NAME D
STREET ADDRESS JONES, OLIVER
CITY-ST-ZIP 412 TUCKER HALL, FAMU
TALLAHASSEE FL 32307

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

TITLE ☐ Delete
NAME D
STREET ADDRESS WRIGHT, RODNER
CITY-ST-ZIP 1936 S. MLK BLVD, FAMU
TALLAHASSEE FL 32307

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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

Date

Daytime Phone #

CR2E037 (9/01)