

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N98000003653**

1. Entity Name

ST. LUCIE COMMUNITY DEVELOPMENT CORPORATION

Principal Place of Business

**1513 NORTH 23RD STREET
FORT PIERCE FL 34950**

Mailing Address

**1513 NORTH 23RD STREET
FORT PIERCE FL 34950**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

**LEARY, WILLIAM P
373 N.W. KILPATRICK AVENUE
PORT ST. LUCIE FL 34983**

4. FEI Number

65-0845285

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

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

Signature, typed or printed name of registered agent and date if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
After September 12, 2001, 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 | SD | <input type="checkbox"/> Delete |
| NAME | LEARY, WILLIAM P | |
| STREET ADDRESS | 373 NW KILPATRICK AVENUE | |
| CITY-ST-ZIP | PORT ST. LUCIE FL 34983 | |

| | | |
|----------------|--------------------------------|--|
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | HARMON, KAREN M | |
| STREET ADDRESS | 319 NW LA PLAYA STREET | |
| CITY-ST-ZIP | PORT ST. LUCIE FL 34983 | |

| | | |
|----------------|----------------------------|---------------------------------|
| TITLE | T | <input type="checkbox"/> Delete |
| NAME | BENNETT, MARY A | |
| STREET ADDRESS | 2101 VALENCIA AVE. | |
| CITY-ST-ZIP | FT. PIERCE FL 34946 | |

| | | |
|----------------|---------------------------------|--|
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | HARVEY, VIRGINIA | |
| STREET ADDRESS | 373 N.W. KILPATRICK AVE. | |
| CITY-ST-ZIP | PORT ST. LUCIE FL 34983 | |

| | | |
|----------------|----------------------------|---------------------------------|
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | PHILPART, TOBY T | |
| STREET ADDRESS | 2812C STONEWAY LANE | |
| CITY-ST-ZIP | FT. PIERCE FL 34982 | |

| | | |
|----------------|--|---------------------------------|
| 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 | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|---|--|
| TITLE | D, Chairperson | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | JACKSON, ARTHUR, JR. | |
| STREET ADDRESS | 1350 N.W. 95TH STREET | |
| CITY-ST-ZIP | MIAMI, FLORIDA 33417 | |

| | | |
|----------------|--|---|
| 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 any other like empowered.

SIGNATURE:

Rev. Toby T. Philpart**September 12, 2001****561-466-3099****FILED**
Sep 19, 2001 8:00 am
Secretary of State

09-19-2001 90123 014 ****70.00



DO NOT WRITE IN THIS SPACE