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

## May 11, 2001 8:00 am Secretary of State DOCUMENT # N9900001447 1. Entity Name FRIENDSHIP COMMUNITY DEVELOPMENT. INC. 05-11-2001 90014 029 \*\*\*\*70.00 Principal Place of Business Mailing Address 385 S. BARNETT RD. 385 S. BARNETT RD. COCOA FL 32926 COCOA FL 32926 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-3567002 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 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) BUCKNER, EDWARD REV. 385 S. BARNETT RD. COCOA FL 32926 City 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 DATE (NOTE: Registered Agent signature required when reinstating) Make Check Payable to FILE NOW: 9. Election Campaign Financing **\$5.00** May Be FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. Change ☐ Addition TITLE Delete TITLE BUCKNER EDWARD BUCKNER, EDWARD REV NAME NAME 3703 BROPHY BLVD. 3703 BROPHY BLVD. STREET ADDRESS STREET ADDRESS COCOA FL 32926 CITY-ST-ZIP CITY-ST-ZIP COCOA FL 32926 D ☐ Delete TITLE ☐ Addition BRANT, BILLIE NAME NAME 3705 BROPHY BLVD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP COCOA FL 32926 TITLE ☐ Delete TITLE ☐ Change ☐ Addition BATTLE, IZEAL NAME NAME STREET ADDRESS STREET ADDRESS 325 S. BURNETT RD. CITY-ST-ZIP CITY-ST-ZIP COCOA FL 32926 STD ☐ Delete TITLE Change Addition TITLE BROWN, RUBY M NAME NAME STREET ADDRESS 3782 CATALINA DR. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP COCOA FL 32926 TITLE D. ☐ Delete TITLE ☐ Change ☐ Addition BRAGGS, GUSSIE NAME NAME STREET ADDRESS 3811 KENNEDY CIR. STREET ADDRESS CITY-ST-ZIP **COCOA FL 32926** CITY-ST-ZIP ☐ Delete ☐ Change TITLE TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

FILED

SIGNATURE: Light Battle Izeal Rattle 426-01 636-698 Date Daytime Phone #

changed, or on an attachment with an address, with all other like empowered.