

# 2000 UNIFORM BUSINESS REPORT (UBR)

5/4<sup>5/4/</sup>

**FILED**  
**Jul 12, 2000 8:00 am**  
**Secretary of State**

05-04-2000 90111 024 \*\*\*\*61.25

**DOCUMENT # N99000002842**

1. Entity Name

**CAPITAL CITY PIPES HOUSING & COMMUNITY DEVELOPME** *R*

Principal Place of Business

Mailing Address

1872 MILLS ST.  
TALLAHASSEE FL 32310

P.O. BOX 12368  
TALLAHASSEE FL 32317-2368

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

**31-161527**

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

**GILLIAM, LEE**  
**2032 DENNIS ST.**  
**TALLAHASSEE FL 32308**

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 reappointing)

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	PD	<input checked="" type="checkbox"/> Delete
NAME	GILLIAM, LEE	
STREET ADDRESS	2032 DENNIS ST.	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	WILLIAMS, THELMA S	
STREET ADDRESS	8850 CELIA RD.	
CITY-ST-ZIP	TALLAHASSEE FL 32310	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	GREENWOOD, RECECCA L	
STREET ADDRESS	1872 MILLS ST.	
CITY-ST-ZIP	TALLAHASSEE FL 32310	
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		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Vera G. Mack	
STREET ADDRESS	555 Cypress Cricle	
CITY-ST-ZIP	Tallahassee, FL. 32303	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Marva G. Brackins	
STREET ADDRESS	2030 Dennis St	
CITY-ST-ZIP	Tallahassee, FL. 32312	
TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Charles N. Martin	
STREET ADDRESS	560 Teal LN	
CITY-ST-ZIP	Tallahassee; FL 32308	
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		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 #

*Magnolia Beckwith* President 7/28/00 (85) 562-1409

CR2E037 (9/99)