

2004 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000002842

1. Entity Name

CAPITAL CITY PIPES HOUSING & COMMUNITY DEVELOPME

Principal Place of Business

1872 MILLS ST.
TALLAHASSEE FL 32310

Mailing Address

P.O. BOX 12368
TALLAHASSEE FL 32368

2. Principal Place of Business

5556 Cypress Circle
Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Tallahassee, Florida

City & State

Zip

32303

Country

USA

Zip

Country

4. FEI Number

32-1661527

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GILLIAM, LEE

2032 DENNIS ST.
TALLAHASSEE FL 32308

7. Name and Address of New Registered Agent

Name Vera G. Mack

Street Address (P.O. Box Number is Not Acceptable)

5556 Cypress Circle

City Tallahassee

FL

Zip Code
32303

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

Vera G. Mack

8-14-01

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 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 PD
NAME MACK, VERA G
STREET ADDRESS 555 CYPRESS CIRCLE
CITY-ST-ZIP TALLAHASSEE FL 32303 ☐ Delete

TITLE VD
NAME BRACKINS, MARVA G
STREET ADDRESS 2030 DENNIS STREET
CITY-ST-ZIP TALLAHASSEE FL 32312 ☐ Delete

TITLE STD
NAME MARTIN, CHARLES N
STREET ADDRESS 5690 TEAL LANE
CITY-ST-ZIP TALLAHASSEE FL 32308 ☐ Delete

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME 700004562537--6
STREET ADDRESS -08/23/01--01087--008
CITY-ST-ZIP *****61.25 *****61.25

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

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

TITLE ☐ Change ☐ Addition
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 REQUIRED

APPROVED
AND
FILED

01 AUG 22 PM 9:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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