2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # N9900005413 May 11, 2000 8:00 am Secretary of State 1. Entity Name TILDENVILLE COMMUNITY DEVELOPMENT CORPORATION 05-11-2000 90287 024 ****70.00 Principal Place of Business Mailing Address 14813 SIPLIN RD. 14813 SIPLIN RD. WINTER GARDENS FL 34787-5150 WINTER GARDENS FL 34787 3. Mailing Address 2. Principal Place of Business-DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State <u>59-3</u>598901 Not Applicable \$8.75 Additional Zip Country K 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Chambers laudia Street Address (P.O. Box Number is Not Acceptable) SPIEGEL & UTRERA, P.A. 343 ALMERIA AVE. **CORAL GABLES FL 33134** Zip Code 34787-5150 8. The above name ed entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida. 9. Election Campaign Financing 🌁 Make Check Payable to 😁 - 📲 "FILE NOW: \$5.00 May Be Trust Fund Contribution. Department of State Added to Fees FEE IS \$61.25 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. PD ☐ Change Addition TITLE ☐ Delete TITLE JOHNSON, L.C. NAME NAME STREET ADDRESS STREET ADDRESS 14813 SIPLIN RD. CITY-ST-ZIP CITY-ST-ZIP WINTER GARDENS FL 34787 ☐ Delete ☐ Change ☐ Addition VD TITLE TITLE ... BARNES, WILLIE NAME NAME ... STREET ADDRESS STREET ADDRESS 14813 SIPLIN RD. CITY-ST-ZIP CITY-ST-ZIP WINTER GARDENS FL 34787 Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME CLAY, BETTY STREET ADDRESS STREET ADDRESS 14813 SIPLIN RD. CITY-ST-ZIE CITY-ST-ZIP WINTER GARDENS FL 34787 ☐ Change ☐ Addition TITLE ☐ Delete TITLE HENDERSON, ELLA MAE NAME NAME STREET ADDRESS STREET ADDRESS 14813 SIPLIN RD. CITY-ST-ZIP CITY-ST-ZIP <u> Winter Gardens Fl. 34787</u> Addition TITLE ☐ Delete TITLE Change CHAMBERS, CLAUDIA NAME NAME STREET ADDRESS STREET ADDRESS 14813 SIPLIN RD. -CITY-ST-ZIP CITY-ST-ZIP WINTER GARDENS FL 34787 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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

SIGNATURE: L'AW

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

4/26/00

407-656-3834

Daytime Phone #