

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000005413

1. Entity Name

TILDENVILLE COMMUNITY DEVELOPMENT CORPORATION

Principal Place of Business

14813 SIPLIN RD.
WINTER GARDENS FL 34787

Mailing Address

14813 SIPLIN RD.
WINTER GARDENS FL 34787

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

CHAMBERS, CLAUDIA
14813 SIPLIN ROAD
WINTER GARDEN FL 34787-5150

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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

TITLE PD
NAME JOHNSON, L.C.
STREET ADDRESS 14813 SIPLIN RD.
CITY-ST-ZIP WINTER GARDENS FL 34787 ☐ Delete

TITLE VD
NAME BARNES, WILLIE
STREET ADDRESS 14813 SIPLIN RD.
CITY-ST-ZIP WINTER GARDENS FL 34787 ☐ Delete

TITLE S
NAME CLAY, BETTY
STREET ADDRESS 14813 SIPLIN RD.
CITY-ST-ZIP WINTER GARDENS FL 34787 ☐ Delete

TITLE T
NAME HENDERSON, ELLA MAE
STREET ADDRESS 14813 SIPLIN RD.
CITY-ST-ZIP WINTER GARDENS FL 34787 ☐ Delete

TITLE D
NAME CHAMBERS, CLAUDIA
STREET ADDRESS 14813 SIPLIN RD.
CITY-ST-ZIP WINTER GARDENS FL 34787 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

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

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:

Claudia Chambers

Claudia Chambers

4/20/01

407-656-3834

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 25, 2001 8:00 am
Secretary of State

04-25-2001 90027 041 ****61.25



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3598901

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

CR2E037 (10/00)

0085125