

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 23, 2002 8:00 am**  
**Secretary of State**

05-23-2002 90051 016 \*\*\*\*61.25

**DOCUMENT # N99000005413**

1. Entity Name

**TILDENVILLE COMMUNITY DEVELOPMENT CORPORATION**

Principal Place of Business

Mailing Address

14813 SIPLIN RD.  
 WINTER GARDENS FL 34787

14813 SIPLIN RD.  
 WINTER GARDENS FL 34787



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

14838 Siplin Rd  
 Suite, Apt. #, etc.  
 Winter Garden, Fla.

14838 Siplin Rd  
 Suite, Apt. #, etc.  
 Winter Garden, Fla.

City & State

City & State

4. FEI Number

59-3598901

Applied For

Not Applicable

Zip  
 34787

Country  
 USA

Zip  
 34787

Country

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

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

Name

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

14838 Siplin Rd  
 Winter Garden, Fla. 34787

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

Claudia Chambers, Claudia Chambers

4/29/02

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE ☒ Change ☐ Addition  
 NAME 14838 Siplin Rd.  
 STREET ADDRESS Winter Garden, Fla. 34787  
 CITY-ST-ZIP

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

TITLE ☒ Change ☐ Addition  
 NAME 14838 Siplin Rd.  
 STREET ADDRESS Winter Garden, Fla. 34787  
 CITY-ST-ZIP

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

TITLE ☒ Change ☐ Addition  
 NAME 14838 Siplin Rd.  
 STREET ADDRESS Winter Garden, Fla. 34787  
 CITY-ST-ZIP

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

TITLE ☒ Change ☐ Addition  
 NAME 14838 Siplin Rd.  
 STREET ADDRESS Winter Garden, Fla. 34787  
 CITY-ST-ZIP

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

TITLE ☒ Change ☐ Addition  
 NAME 14838 Siplin Rd  
 STREET ADDRESS Winter Garden, Fla. 34787  
 CITY-ST-ZIP

TITLE ☐ Delete  
 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: Claudia Chambers 4/29/02 407-656-3834  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)