

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 09, 2003 8:00 am**  
**Secretary of State**

05-09-2003 90157 002 \*\*\*\*70.00

DOCUMENT # N99000006116

1. Entity Name

CENTRAL CITY COMMUNITY DEVELOPMENT CORPORATION

Principal Place of Business

~~210 E. ASK OAK ST.~~  
~~TAMPA FL 33602~~  
1703 N. Tampa St. #4  
Tampa FL 33602

Mailing Address

PO BOX 172477  
TAMPA FL 33672

2. Principal Place of Business

1703 N. Tampa St.

3. Mailing Address

PO Box 172477

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tampa FL

City & State

Tampa FL

4. FEI Number 59-3605358

Applied For

Not Applicable

Zip

33602

Country

USA

Zip

33672

Country

USA

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FOSTER, DAVID  
2826 N. CENTRAL AVENUE  
TAMPA FL 33602

7. Name and Address of New Registered Agent

Name Same as Current

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE David Foster

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

5/1/03

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME STEWART, JONI C  
STREET ADDRESS 310 E. OAK AVENUE  
CITY-ST-ZIP TAMPA FL 33602 ☐ Delete

TITLE VPD  
NAME DUHIG, JOHN  
STREET ADDRESS 1603 N. FLORIDA AVENUE  
CITY-ST-ZIP TAMPA FL 33602 ☐ Delete

TITLE TD  
NAME CLARKE, BECKY  
STREET ADDRESS 5139 S. NICHOL STREET  
CITY-ST-ZIP TAMPA FL 33611 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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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:

Signature of David Foster

5-1-03

CR2E037 (10/02)