

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 02, 2000 8:00 am
Secretary of State

02-02-2000 90043 027 ****70.00

DOCUMENT # N98000002496

1. Entity Name

INNER CITY IMPACT, INC.

Principal Place of Business

Mailing Address

1100 TECHNOLOGY PLACE
 STE 110
 WEST PALM BEACH FL 33407

PO BOX 222592
 WEST PALM BEACH FL 33422-2592

2. Principal Place of Business

3. Mailing Address

2724 N. Australian Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Bld. #2

City & State
 West Palm Beach, FL

City & State

Zip Country
 33407 U.S.

Zip Country

4. FEI Number
91-1901103

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HOBBS, WILLIAM T
 5253 FOX TRACE
 WEST PALM BEACH FL 33417

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 *William T. Hobbs*

DATE *1/14/00*

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 | D | <input type="checkbox"/> Delete |
| NAME | HOBBS, WILLIAM T | |
| STREET ADDRESS | 5253 FOX TRACE | |
| CITY-ST-ZIP | WEST PALM BEACH FL 33417 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | HOBBS, KERRY L | |
| STREET ADDRESS | 5253 FOX TRACE | |
| CITY-ST-ZIP | WEST PALM BEACH FL 33417 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | WARD, WILLIAM H | |
| STREET ADDRESS | 10741 QUAIL COVEY RD | |
| CITY-ST-ZIP | BOYNTON BEACH FL 33436 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | GANT, CARLTON | |
| STREET ADDRESS | 5938 ORCHARD WAY | |
| CITY-ST-ZIP | WEST PALM BEACH FL 33417 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | SCREEN, RON | |
| STREET ADDRESS | 10500 SEA HOLLY TERRACE | |
| CITY-ST-ZIP | BOYNTON BEACH FL 33436 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|---------------------------|--|
| TITLE | D | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Chapman, Ronald S. | |
| STREET ADDRESS | 312 Palmetto Street | |
| CITY-ST-ZIP | West Palm Beach, FL 33405 | |
| TITLE | D | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Bouchlas, Samuel | |
| STREET ADDRESS | 1490 S. Military Trail | |
| CITY-ST-ZIP | West Palm Beach, FL 33415 | |
| TITLE | S | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Ward, William H. | |
| STREET ADDRESS | 10741 Quail Covey Rd. | |
| CITY-ST-ZIP | Boynton Beach, FL 33436 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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: *Samuel Bouchlas*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE *1/14/00*

Daytime Phone #

CR2E037 (9/99)