

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 715688

1. Entity Name

COMMUNITY SERVICES NETWORK, INC.

**FILED**  
**Apr 21, 2000 8:00 am**  
**Secretary of State**

04-21-2000 90168 029 \*\*\*\*61.25

Principal Place of Business

Mailing Address

988 WOODCOCK RD STE 200  
ORLANDO FL 32803

988 WOODCOCK RD STE 200  
ORLANDO FL 32803-3715

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1357204

Applied For

Not Applicable

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

WALKER, WILLIAM  
250 PARK AVE S  
5TH FLOOR  
WINTER PARK FL 32790

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DPT	<input type="checkbox"/> Delete
NAME	GREEN, SYDNEY	
STREET ADDRESS	325 VALERA CT	
CITY-ST-ZIP	WINTER PARK FL	
TITLE	DVT	<input type="checkbox"/> Delete
NAME	OTIS, CLARENCE	
STREET ADDRESS	P.O. BOX 593330	
CITY-ST-ZIP	ORLANDO FL 32859	
TITLE	T	<input type="checkbox"/> Delete
NAME	CANNIFF-GILLIAM, CAHTERINE	
STREET ADDRESS	ORHCS, 1414 KUHLE AVE.	
CITY-ST-ZIP	ORLANDO FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	PATES, LEE	
STREET ADDRESS	CSC, 621 WILKES AVE	
CITY-ST-ZIP	ORLANDO FL 32809	
TITLE	D	<input type="checkbox"/> Delete
NAME	PAZ, AUSUTINE	
STREET ADDRESS	988 WOODCOCK RD STE 200	
CITY-ST-ZIP	ORLANDO FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREEN, SYDNEY	
STREET ADDRESS	325 VALERA CT, WINTER PARK, FL	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOECHST, CATHERINE	
STREET ADDRESS	ORHCS, 1414 KUHLE AVE., ORLANDO, FL	
CITY-ST-ZIP		
TITLE	DPT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PATES, LEE	
STREET ADDRESS	CSC, 621 WILKES AVE., ORLANDO, FL 32809	
CITY-ST-ZIP		
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:

*Ausutine Paz* 4-14-00 (407) 897-6465  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)