

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 988 WOODCOCK RD STE 200 ORLANDO FL 32803	Mailing Address 988 WOODCOCK RD STE 200 ORLANDO FL 32803-3715
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DO NOT WRITE IN THIS SPACE

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 <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

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

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. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

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 KUHL 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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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 KUHL 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		

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

CR2E037 (9/99)