

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2000 8:00 am
Secretary of State

02-14-2000 90038 030 ****70.00

DOCUMENT # 731389

1. Entity Name

COMMUNITY EQUITY INVESTMENTS, INC.

Principal Place of Business

Mailing Address

302 N. BARCELONA ST.
 PENSACOLA FL 32501

302 N. BARCELONA ST.
 PENSACOLA FL 32501-4806

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

59-1586520

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

HORVATH, DANIEL R
302 N 14TH AVE
PENSACOLA FL 32501

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)

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	WYNN, WAYMON	
STREET ADDRESS	2600 NORTH 14TH AVE	
CITY-ST-ZIP	PENSACOLA FL 32503	
TITLE	P	<input type="checkbox"/> Delete
NAME	HORVATH, DANIEL R	
STREET ADDRESS	8680 SCIENC HWY. 8	
CITY-ST-ZIP	PENSACOLA	
TITLE	S	<input type="checkbox"/> Delete
NAME	ALLEN, CHERYLE	
STREET ADDRESS	2103 N. H STREET	
CITY-ST-ZIP	PENSACOLA FL 3250	
TITLE	VD	<input type="checkbox"/> Delete
NAME	TRIPP, CLYDE	
STREET ADDRESS	710 N 7TH AVE	
CITY-ST-ZIP	PENSACOLA FL 32501	
TITLE	CD	<input type="checkbox"/> Delete
NAME	BYRD, WILLIAM	
STREET ADDRESS	2550 NOR TH 15TH AVE	
CITY-ST-ZIP	PENSACOLA FL 32501	
TITLE	T	<input type="checkbox"/> Delete
NAME	PAUL, LLOYD	
STREET ADDRESS	302 NORTHG BARCELONA ST	
CITY-ST-ZIP	PENSACOLA FL 32501	

TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Cannon, Gussie	
STREET ADDRESS	700 W. Blount Street	
CITY-ST-ZIP	Pensacola, FL 32501	
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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Paul, Lloyd	
STREET ADDRESS	302 N. Barcelona Street	
CITY-ST-ZIP	Pensacola, FL 32501	

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)