FILED

Ductor, 4-11-00 (850) 309-1488

## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: DELLEGA QUOTARE OF SIGNING OFFICER OR DIRECTOR

FLORIDA IMPACT, INC.	DOCUMENT # 745944  1. Entity Name  FLORIDA IMPACT, INC.			May 09, 2000 8:00 an Secretary of State		
					41 <b>y</b> U1 K 90020 015 ***	
Principal Place of Business	Mailing Address		7			
45 S MAGNOLIA DR 3	145 S MAGNOLIA DR					
21 5	:21 Fallahassee Fl 32301-2	989	Ţ		<u></u>	
	ıs			MARIANI CHA MANA MANA		31 0 (0 1) (0 0) 32 0 (0 1) (0 0)
2. Principal Place of Business 3	. Mailing Address				IAN ANN AND DAN AN	
Suite, Apt. #, etc.	Suite, Apl. #, etc.			DO NOT WRITE IN	THIS SPACE	
City & State City & State			FO 4040000		oplied For ot Applicable	
Zip Country	Zip	Country	5. Certificate of		\$8.75 Add	ditional
5. Name and Address of Current Reg	listered Agent	<u> </u>		ddress of New Regis	Lag veding	0
o. Hanis and Address of Current Hoy		Name —	-2		-	
SUSIE, DEBRA	Street Address		s (P.O. Box Number	is Not Acceptable)		
345 S. MAGNOLIA DR E21			<del></del>			
TALLAHASSEE FL 32301		City			FL Zip Cod	le le
8. The above named entity submits this statement for the	a purpose of changing it	c registered office or regis	tered agent, or both	in the state of Florida		
FILE NOW: 9. Election Campaign FEE IS \$61.25 Trust Fund Contribu		gn Financing \$5				
	Trust Fund Contri	· · · · · · · · · · · · · · · · · · ·				9
		· · · · · · · · · · · · · · · · · · ·	ded to Fees		tment of State	N 10
FEE IS \$61.25  10. OFFICERS AND DIRECTOR OFFICERS OFFICER		bution. Ad	ded to Fees	Depar	tment of State	N 10
FEE IS \$61.25  10. OFFICERS AND DIRECT TITLE DW LUCKNER, MILLIEN	CTORS	bution. Ad	ded to Fees	Depar	tment of State	N 10
FEE IS \$61.25  10. OFFICERS AND DIRECTOR OFFICERS OFFICER	CTORS	11.	ded to Fees	Depar	tment of State	N 10
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TITLE DV LUCKNER, MILLIEN STREET ADDRESS CITY-ST-ZIP APOPKA FL TITLE DS NAME GUSS, LOLA	CTORS Delete	11.  TITLE NAME STREET ADDRESS CITY-ST-ZIP	ded to Fees	Depar	tment of State  AND DIRECTORS II  Change	N 10 00 10 N 10 00 N 10 N 10 N 10 N 10
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TITLE DS GUSS, LOLA STREET ADDRESS CITY-ST-ZIP TAVARES FL  TITLE DS GUSS, LOLA 15424 BETTYS CT TAVARES FL  TITLE DT HOCHSTETLER, KENN	CTORS Delete	11.  ITTLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	ded to Fees	Depar	AND DIRECTORS II Change	N 10 Addition (%)
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