

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 745944**

1. Entity Name

FLORIDA IMPACT, INC.**FILED****May 20, 2002 8:00 am**
Secretary of State

05-20-2002 90092 043 ****61.25

R0105558

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
345 S MAGNOLIA DR E11 TALLAHASSEE FL 32301 US	345 S MAGNOLIA DR E11 TALLAHASSEE FL 32301 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

Zip	Country	Zip	Country
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4. FEI Number	Applied For
59-1812699	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	

6. Name and Address of Current Registered Agent

SUSIE, DEBRA
345 S. MAGNOLIA DR E21
TALLAHASSEE FL 32301**7. Name and Address of New Registered Agent**

Name
Street Address (P.O. Box Number is Not Acceptable)
345 S. MAGNOLIA DR. E-e 11
City **Tallahassee** FL Zip Code **32301****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**

TITLE	DV	<input type="checkbox"/> Delete
NAME	LUCKNER, MILLIEN	
STREET ADDRESS	815 S PARK AVE	
CITY-ST-ZIP	APOPKA FL	
TITLE	DT	<input type="checkbox"/> Delete
NAME	HOCHSTETLER, KENN	
STREET ADDRESS	2408 GRASSROOTS WAY	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	DS	<input type="checkbox"/> Delete
NAME	HUTCHINSON, CAROL S	
STREET ADDRESS	1140 E. MACDONALD	
CITY-ST-ZIP	LAKELAND FL 33802	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:** *Debra L. Luckner*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)