

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 853218

1. Entity Name

IMPACT INTERNATIONAL, INC.

Principal Place of Business

400 S. DIXIE HWY., SUITE 122  
BOCA RATON FL 33432

Mailing Address

P. O. BOX 2530  
BOCA RATON FL 33427  
US

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

59-1496247

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

WOODMAN, BRUCE

400 S. DIXIE HWY., SUITE 122  
BOCA RATON FL 33432-3023

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 PD ☐ Delete  
NAME WOODMAN, BRUCE REV.  
STREET ADDRESS 2034 SW 7TH CT.  
CITY-ST-ZIP BOCA RATON FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VD ☐ Delete  
NAME RUSSELL, HARVEY REV.  
STREET ADDRESS 310 CLARK DR., RT. 5  
CITY-ST-ZIP SHOREWOOD IL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE SD ☐ Delete  
NAME FASIG, BILL REV.  
STREET ADDRESS 2878 NW 24TH WAY  
CITY-ST-ZIP BOCA RATON FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE TD ☐ Delete  
NAME QUIGGIN, RAYMOND  
STREET ADDRESS 4100 N. OCEAN DR., #1804  
CITY-ST-ZIP SINGER ISLAND FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME SORENSON, EVERETT  
STREET ADDRESS 5731 NE 16TH TERRACE  
CITY-ST-ZIP FT. LAUDERDALE FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME BOTOS, MICHAEL  
STREET ADDRESS 29 COUNTRY ROAD  
CITY-ST-ZIP VILLAGE OF GOLF FL

TITLE ☐ Change ☐ 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:

*Bruce Woodman*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Mar 04, 2000 8:00 am  
Secretary of State

03-04-2000 90036 047 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)