

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F93000000806

1. Entity Name

NATIONAL COMMUNITY CORPORATION

FILED
Feb 02, 2000 8:00 am
Secretary of State

02-02-2000 90113 016 ****61.25

Principal Place of Business

Mailing Address

17772 BRIDLE LANE
JUPITER FL 33478
US

P.O. BOX 8571
JUPITER FL 33468-8571
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Same

Suite, Apt. #, etc.

Same

City & State

City & State

4. FEI Number

39-1621969

Applied For

Not Applicable

Zip

Country

Zip

Country

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

TRIMBLE, LYNN
17772 BRIDLE LANE
JUPITER FL 33478

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

Lynn Trimble

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/2/00

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 CP ☐ Delete
NAME TRIMBLE, LYNN
STREET ADDRESS 17772 BRIDLE LANE
CITY-ST-ZIP JUPITER FL 33478

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

TITLE D ☐ Delete
NAME KRISIK
STREET ADDRESS 1621 MULLEN WAY
CITY-ST-ZIP ARKANSAS KA

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

TITLE D ☒ Delete
NAME CAROLINE, HOLLANDER
STREET ADDRESS 10230 HUNT CLUB DR
CITY-ST-ZIP PALM BEACH GARDENS FL 33910

TITLE ☒ Change ☐ Addition
NAME ROSA ROSARIO
STREET ADDRESS 1015 MULLEN ST.
CITY-ST-ZIP WFB. FL 33405

TITLE V ☐ Delete
NAME TRIMBLE, LARRY
STREET ADDRESS 17772 BRIDLE LANE
CITY-ST-ZIP JUPITER FL 33478

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

TITLE T ☐ Delete
NAME KRISIK, STEVE
STREET ADDRESS P O BOX 14 N/A
CITY-ST-ZIP GENOA CITY WI

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

TITLE S ☐ Delete
NAME KRISIK, JOE
STREET ADDRESS 1621 MULLEN WAY
CITY-ST-ZIP ARKANSAS KA

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

Lynn Trimble

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/2/00

Daytime Phone #

561-745-1779

CR2E037 (9/99)