2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000002333

1. Entity Name

COMMUNITY INITIATIVE DEVELOPMENT CORPORATION

FILED
Jun 08, 2000 8:00 am
Secretary of State
06-08-2000 90025 017 ****70.00

Principal Place of Business	Mailing Address
18 AITKEN AVE. HUDSON NY 12534	18 AITKEN AVE. HUDSON NY 12534-2602

DO NOT WRITE IN THIS SPACE

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 23-2746544 ☐ 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
TORIC HOMES CORPORATION 138 VICKERS DR. TALLAHASSEE FL 32303	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 _____ DATE

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	P/D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	LOEWENSTEIN, WILLIAM		NAME		
STREET ADDRESS	18 AITKEN AVE.		STREET ADDRESS		
CITY-ST-ZIP	HUDSON NY 12534		CITY-ST-ZIP		
TITLE	V	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	PETRAGNANI, NICOLAS V JR.		NAME		
STREET ADDRESS	201 PLYMOUTH DR.		STREET ADDRESS		
CITY-ST-ZIP	SYRACUSE NY 13206		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	NEWMAN, LARRY		NAME		
STREET ADDRESS	439 SOUTH FRANKLIN STREET		STREET ADDRESS		
CITY-ST-ZIP	WILKES BARRE PA 18711		CITY-ST-ZIP		
TITLE	AS/D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	LOEWENSTEIN, MARY ANN		NAME		
STREET ADDRESS	18 AITKEN AVE		STREET ADDRESS		
CITY-ST-ZIP	HUDSON NY 12534		CITY-ST-ZIP		
TITLE	T/D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	WARFIELD, TIMOTHY		NAME		
STREET ADDRESS	130 SPRINGDALE RD		STREET ADDRESS		
CITY-ST-ZIP	YORK PA 17043		CITY-ST-ZIP		
TITLE	SD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	KOWEER, ARTHUR		NAME		
STREET ADDRESS	114 GLENWOOD BLVD.		STREET ADDRESS		
CITY-ST-ZIP	HUDSON NY 12534		CITY-ST-ZIP		

CR2E037 (9/99)

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: MARY ANN LOEWENSTEIN 5/1/00 518-828-5148

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #