

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 15, 2003 8:00 am
Secretary of State

08-15-2003 90081 047 ****61.25

DOCUMENT # F95000002333

1. Entity Name

COMMUNITY INITIATIVE DEVELOPMENT CORPORATION



Principal Place of Business

**18 AITKEN AVE.
HUDSON NY 12534**

Mailing Address

**18 AITKEN AVE.
HUDSON NY 12534**

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

☐ CHECK HERE IF MAKING CHANGES



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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P/D ☐ Delete
NAME LOEWENSTEIN, WILLIAM
STREET ADDRESS 18 AITKEN AVE.
CITY-ST-ZIP HUDSON NY 12534

TITLE PRESIDENT ☒ Change ☐ Addition
NAME LOEWENSTEIN, WILLIAM
STREET ADDRESS 18 AITKEN AVE.
CITY-ST-ZIP HUDSON, NY 12534

TITLE V ☒ Delete
NAME PETRAGNANI, NICOLAS V JR.
STREET ADDRESS 201 PLYMOUTH DR.
CITY-ST-ZIP SYRACUSE NY 13206

TITLE VICE PRESIDENT ☐ Change ☒ Addition
NAME WILLIAMS, VANESSA R.
STREET ADDRESS 3632 CRESCENT CANYON
CITY-ST-ZIP LAS VEGAS, NV 89129

TITLE D ☐ Delete
NAME NEWMAN, LARRY
STREET ADDRESS 439 SOUTH FRANKLIN STREET
CITY-ST-ZIP WILKES BARRE PA 18711

TITLE DIRECTOR ☒ Change ☐ Addition
NAME NEWMAN, LARRY
STREET ADDRESS 228 SOUTH FRANKLIN STREET
CITY-ST-ZIP WILKES BARRE, PA 18702

TITLE AS/D ☐ Delete
NAME LOEWENSTEIN, MARY ANN
STREET ADDRESS 18 AITKEN AVE
CITY-ST-ZIP HUDSON NY 12534

TITLE ASSISTANT SECRETARY ☒ Change ☐ Addition
NAME LOEWENSTEIN, MARY ANN
STREET ADDRESS 18 AITKEN AVE.
CITY-ST-ZIP HUDSON, NY 12534

TITLE T/D ☐ Delete
NAME WARFIELD, TIMOTHY
STREET ADDRESS 130 SPRINGDALE RD
CITY-ST-ZIP YORK PA 17043

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

TITLE SD ☐ Delete
NAME KOWEER, ARTHUR
STREET ADDRESS 114 GLENWOOD BLVD.
CITY-ST-ZIP HUDSON NY 12534

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:

WILLIAM LOEWENSTEIN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/11/03

518 828 0681

CR2E037 (10/02)