

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 09, 2001 8:00 am
Secretary of State

03-09-2001 90472 050 ****61.25

DOCUMENT # N00000003306

1. Entity Name

COMMUNITY CENTER FOR THE SOUTHWEST FLORIDA ISLAM

Principal Place of Business

Mailing Address

11373 CORTEZ BLVD.#306
 BROOKSVILLE FL 34613

11373 CORTEZ BLVD.#306
 BROOKSVILLE FL 34613

001351



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

SHUAYB, HUSAM E
 11373 CORTEZ BLVD.#306
 BROOKSVILLE FL 34613

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 Delete
 NAME **D SHUAYB, HUSAM E M.D.**
 STREET ADDRESS **11373 CORTEZ BLVD.#306**
 CITY-ST-ZIP **BROOKSVILLE FL 34613**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D SHAHROUR, NAEM M.D.**
 STREET ADDRESS **10441 QUALITY DRIVE**
 CITY-ST-ZIP **SPRING HILL FL 34609**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D ELDINE, ADEL MOHIE MD.**
 STREET ADDRESS **12900 CORTEZ BLVD. #204**
 CITY-ST-ZIP **BROOKSVILLE FL 34613**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D ELMANSOURY, NASSER**
 STREET ADDRESS **12900 CORTEZ BLVD. #204**
 CITY-ST-ZIP **BROOKSVILLE FL 34613**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D SHAAR, AYHAM M.D.**
 STREET ADDRESS **11373 CORTEZ BLVD. #407**
 CITY-ST-ZIP **BROOKSVILLE FL 34613**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

Husam E. Shuayb
REQUIRE
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HUSAM E. SHUAYB, MD 2-7-01 352-596-6264

Date

Daytime Phone #

CR2037 (10/00)