

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N29454

1. Entity Name

PARTNERS IN COMMUNITY BUILDING, INC.

(R)

FILED
Jun 20, 2000 8:00 am
Secretary of State

06-20-2000 90003 010 ****70.00

Principal Place of Business

3 BEACHWAY NORTH
OCEAN RIDGE FL 33435-4616
US

Mailing Address

3 BEACHWAY NORTH
OCEAN RIDGE FL 33435-4616
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

65-0086084

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

FINLEY, WILLIAM E
3 BEACHWAY NORTH
OCEAN RIDGE FL 33435

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 FINLEY, WILLIAM E
STREET ADDRESS 3 BEACHWAY NORTH
CITY-ST-ZIP OCEAN RIDGE FL 33435

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

TITLE TD ☐ Delete
NAME WEST, EDWARD
STREET ADDRESS 5815 NW 25TH TERRANCE
CITY-ST-ZIP BOCA RATON FL

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

TITLE D ☐ Delete
NAME CORBETT, JOHN
STREET ADDRESS 319 CLEMATIS ST., #200
CITY-ST-ZIP W PALM BCH. FL

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

TITLE D ☐ Delete
NAME TENNENBAUM, ROB
STREET ADDRESS 1708 SHORESIDE CIR
CITY-ST-ZIP WELLINGTON FL 33414

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

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:

SIGNATURE REQUIRED

Date

Daytime Phone #

CR2E037 (9/99)