

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N41209

1. Entity Name

COMMUNITY FINANCING CONSORTIUM, INC.

FILED
Jun 08, 2000 8:00 am
Secretary of State

05-03-2000 90055 043 ****61.25

Principal Place of Business	Mailing Address
1000 NORTH DIXIE HWY STE B WEST PALM BEACH FL 33401 US	222 LAKEVIEW AVE #400 WEST PALM BEACH FL 33401-6146 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	1060 North Dixie Hwy Suite 3
City & State	West Palm Beach, FL
Zip	33401
Country	USA



DO NOT WRITE IN THIS SPACE

4. FEI Number	Applied For
65-0246414	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
SOLOMON, LYNN 1000 N DIXIE HWY SUITE B WEST PALM BEACH FL 33401	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																																																																																																																												
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]
Mark Peterson, Chairman

5/26/00 561-833-8503

Date

Daytime Phone #

CR2E037 (9/99)