

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N41209

1. Entity Name

COMMUNITY FINANCING CONSORTIUM, INC.

FILED
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90139 037 ****61.25

Principal Place of Business
1000 NORTH DIXIE HWY
STE B
WEST PALM BEACH FL 33401
US

Mailing Address
1000 NORTH DIXIE HWY
STE B
WEST PALM BEACH FL 33401
US

B0044414



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1016 North Dixie Hwy
Suite, Apt. #, etc.
2nd Floor

3. Mailing Address
Same
Suite, Apt. #, etc.

City & State
West Palm Beach, FL

City & State
City & State

Zip
33401

Country
Palm Beach

Zip
Country

4. FEI Number
65-0246414

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
SOLOMON, LYNN
1000 N DIXIE HWY
SUITE B
WEST PALM BEACH FL 33401

1016 North Dixie Hwy
2nd Floor

7. Name and Address of New Registered Agent
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 Lynn Solomon 4/25/01

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOVA, JOE 218 DATURA STREET WEST PALM BEACH FL 33401	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PC PETERSON, MARK ONE FINANCIAL PLAZA 9TH FLR - FT. LAUDERDALE FL 33394	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ARENS, ERIK 350 ROYAL PALM WAY PALM BEACH FL 33480	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOWARD, CECIL 660 U.S. HIGHWAY 1 N. PALM BEACH FL 33408-0547	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BRAGF, PATRICIA 4999 W. ATLANTIC AVE STE 200 DELRAY BEACH FL 33445	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary/Treasurer Peter McDougall 8750 Doral Blvd 7P Miami, FL 33178-2402	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 an other like empowered.

SIGNATURE: Mark Peterson 4/25/01 984 765 2244

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

CR2E037 (10/00)