

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2002 8:00 am
Secretary of State

02-06-2002 90052 033 ****61.25

DOCUMENT # N41209

1. Entity Name

COMMUNITY FINANCING CONSORTIUM, INC.

Principal Place of Business

Mailing Address

1016 NORTH DIXIE HWY
 2ND FLOOR
 WEST PALM BEACH FL 33401
 US

1016 NORTH DIXIE HWY
 2ND FLOOR
 WEST PALM BEACH FL 33401
 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

65-0246414

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

SOLOMON, LYNN
1016 NORTH DIXIE HWY
2ND FLOOR
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

TITLE ☐ Delete
 NAME **BOVA, JOE**
 STREET ADDRESS **218 DATURA STREET**
 CITY-ST-ZIP **WEST PALM BEACH FL 33401**

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

TITLE ☐ Delete
 NAME **PETERSON, MARK**
 STREET ADDRESS **ONE FINANCIAL PLAZA 9TH FLR**
 CITY-ST-ZIP **FT. LAUDERDALE FL 33394**

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

TITLE ☐ Delete
 NAME **ARENS, ERIK**
 STREET ADDRESS **350 ROYAL PALM WAY**
 CITY-ST-ZIP **PALM BEACH FL 33480**

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

TITLE ☒ Delete
 NAME **HOWARD, CECIL**
 STREET ADDRESS **660 U.S. HIGHWAY 1**
 CITY-ST-ZIP **N. PALM BEACH FL 33408-0547**

TITLE ☐ Change ☒ Addition
 NAME **Steve Arbogast**
 STREET ADDRESS **Secretary Treasurer**
 CITY-ST-ZIP **301 Yamato Road**
Boca Raton, FL 33431

TITLE ☒ Delete
 NAME **MCDUGAL, PETER**
 STREET ADDRESS **8750 DORAL BLVD 7P**
 CITY-ST-ZIP **MIAMI FL 33178-2402**

TITLE ☐ Change ☒ Addition
 NAME **McDougal, Peter**
 STREET ADDRESS **8750 Doral Blvd 7P**
 CITY-ST-ZIP **Miami, FL 33178-2402**
Vice President

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: **X**

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

arens

Date

1/9/02

Daytime Phone #

833-8503

CR2E037 (9/01)