

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 09, 2000 8:00 am**  
**Secretary of State**

02-09-2000 90149 038 \*\*\*\*70.00

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DO NOT WRITE IN THIS SPACE

**DOCUMENT # N95000005607**

1. Entity Name

**COMMUNITY INCLUSION ENTERPRISES, INC.**

Principal Place of Business

Mailing Address

3459 DEPEW AVE.  
 PT. CHARLOTTE FL 33952  
 US

3459 DEPEW AVE  
 PT. CHARLOTTE FL 33952-7016  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0624568

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

TAYLOR, DONNA V  
 15460 LAKELAND CIRCLE  
 PORT CHARLOTTE FL 33981

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

*Donna V Taylor*

2-1-00

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 NAME	D TAYLOR, DONNA V	<input type="checkbox"/> Delete
STREET ADDRESS	15440 LAKELAND CIRCLE	
CITY-ST-ZIP	PORT CHARLOTTE FL 33981	
TITLE NAME	D HAROLD, LEWIS	<input type="checkbox"/> Delete
STREET ADDRESS	3347 N.E. APPALOOSA ST.	
CITY-ST-ZIP	ARCADIA FL 33821	
TITLE NAME	D MCHARGE, KELLI C	<input type="checkbox"/> Delete
STREET ADDRESS	15440 LAKELAND CIRCLE	
CITY-ST-ZIP	PT. CHARLOTTE FL 33981	
TITLE NAME	D HOST, KAARE	<input type="checkbox"/> Delete
STREET ADDRESS	21028 EXMORE AVE.	
CITY-ST-ZIP	PT. CHARLOTTE FL 33952	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME	D Nelson, Carol	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	20103 Ventura Avenue	
CITY-ST-ZIP	Pt Charlotte, FL 33952	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-1-00 (941)629-4109

Date

Daytime Phone #

CFE0371999