

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N95000005607

FILED  
Jan 08, 2002  
Secretary of State

Entity Name: COMMUNITY INCLUSION ENTERPRISES, INC.

**Current Principal Place of Business:**

3459 DEPEW AVE.  
PT. CHARLOTTE, FL 33952 US

**New Principal Place of Business:**

**Current Mailing Address:**

3459 DEPEW AVE  
PT. CHARLOTTE, FL 33952 US

**New Mailing Address:**

FEI Number: 65-0624568      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

TAYLOR, DONNA V  
15460 LAKELAND CIRCLE  
PORT CHARLOTTE, FL 33981

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: D      ( ) Delete  
Name: TAYLOR, DONNA V  
Address: 15440 LAKELAND CIRCLE  
City-St-Zip: PORT CHARLOTTE, FL 33981

Title: D      ( ) Delete  
Name: HAROLD, LEWIS  
Address: 3347 N.E. APPALOOSA ST.  
City-St-Zip: ARCADIA, FL 33821

Title: D      ( ) Delete  
Name: GORDON, KELLI C  
Address: 15440 LAKELAND CIRCLE  
City-St-Zip: PT. CHARLOTTE, FL 33981

Title: D      ( ) Delete  
Name: HOST, KAARE  
Address: 21028 EXMORE AVE.  
City-St-Zip: PT. CHARLOTTE, FL 33952

Title: D      ( ) Delete  
Name: NELSON, CAROL  
Address: 20103 VENTURA AVE  
City-St-Zip: PORT CHARLOTTE, FL 33952

Title:      ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D      ( ) Change (X) Addition  
Name: BATTERSBY, JILL C  
Address: 14501 LAKEWOOD TRACE COURT #204  
City-St-Zip: FORT MYERS, FL 33919

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JILL C. BATTERSBY

D

01/08/2002

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date