

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000003983

1. Entity Name

COMMUNITY RESOURCE FOUNDATION, INC.

R

FILED
Jun 27, 2000 8:00 am
Secretary of State

05-10-2000 90105 039 ****61.25

Principal Place of Business

Mailing Address

1715 S.E. 48TH LANE 65 Flamingo St.
#5
CAPE CORAL FL 33904 Ft. Myers Beach,
FL 33931

1715 S.E. 48TH LANE 65 Flamingo St.
#5
CAPE CORAL FL 33904-4357
Ft. Myers Beach, FL 33981

2. Principal Place of Business

65 Flamingo St
Suite, Apt. #, etc.

3. Mailing Address

65 Flamingo St
Suite, Apt. #, etc.

City & State

Ft. Myers Beach, FL

City & State

Ft. Myers Beach, FL

Zip

33931

Country

Lee

Zip

33931

Country

Lee

4. FEI Number

NOT APPLICABLE

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

OIE, MELODY

1715 S.E. 48TH LANE

UNIT 5

CAPE CORAL FL 33904

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	PD	<input type="checkbox"/> Delete
NAME	OIE, MELODY A	D
STREET ADDRESS	1715 S.E. 48TH LN, #5	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	KRIEG, RICHARD	
STREET ADDRESS	2331.8TH AVE	
CITY-ST-ZIP	ST JAMES CITY FL 33956	
TITLE	TD	<input type="checkbox"/> Delete
NAME	HAIGHT, THOMAS A	D
STREET ADDRESS	1715 S.E. 48TH LN	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE	SD	<input type="checkbox"/> Delete
NAME	Melanie Haight	D
STREET ADDRESS	2236 Oak Beach Blvd	
CITY-ST-ZIP	Sebring FL 33875	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Melody Oie
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-00

Date

941-463-5485

Daytime Phone #