

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000003364

1. Entity Name

IMPACT COMMUNITY DEVELOPMENT CORPORATION

FILED

Apr 04, 2001 8:00 am
Secretary of State

04-04-2001 90119 022 ****70.00

Principal Place of Business

3832 WEST BROWARD BLVD.
FORT LAUDERDALE FL 33317
US

Mailing Address

3832 WEST BROWARD BLVD.
FORT LAUDERDALE FL 33317
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

65-0760334

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

HUNLEY, ROBIN
3832 WEST BROWARD BLVD.
FORT LAUDERDALE FL 33317

Name

ELGIE KEELS, SR.

Street Address (P.O. Box Number is Not Acceptable)

3832 W. BROWARD BLVD

City

F. LAUDERDALE

FL

Zip Code

33317

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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
KEELS, ELGIE SR
1771 COVE LAKE ROAD
N LAUDERDALE FL 33068 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
5260 NW 74th TERR
LAUDERHILL, FL 33319 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
JONES, EDWARD
2307 NW 7TH CT
FT LAUDERDALE FL 33311 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
John E. Jones
3520 NW 50th Ave. R115
LAUDERDALE LAKES, FLORIDA
33319 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
LITTLE, JOHN
3820 NW 7TH CT
FT LAUDERDALE FL 33311 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)