

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 18, 2001 8:00 am**  
**Secretary of State**  
 04-18-2001 90030 042 \*\*\*\*61.25

**DOCUMENT # N98000002755**

1. Entity Name

**COMMUNITY LIGHT, INC.**

Principal Place of Business

**1199 CLAY ST.  
 WINTER PARK FL 32789**

Mailing Address

**PO BOX 163248  
 ALTAMONTE SPGS FL 32716**

2. Principal Place of Business

**450 Seminola Blvd.**

3. Mailing Address

Suite, Apt. #, etc.

City & State

**Casselberry FL**

City & State

Suite, Apt. #, etc.

Zip  
**32707**

Country  
**USA**

Zip

Country

4. FEI Number

**59-3493482**

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**VAN FULPEN, GAYLE-ANNE  
 1199 CLAY ST.  
 WINTER PARK FL 32789**

7. Name and Address of New Registered Agent

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**D  
 VAN FULPEN, GAYLE-ANNE  
 669 JAMESTOWN BLVD., SUITE 2061  
 ALTAMONTE SPRINGS FL 32714** ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**D  
 WHITTEN, CLARK  
 1199 CLAY ST.  
 WINTER PARK FL 32789** ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**D  
 BRADY, VERNON  
 3419 MARWOOD DR.  
 ORLANDO FL 32806** ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**D  
 BRADY, DEBRA  
 3419 MARWOOD DR.  
 ORLANDO FL 32806** ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
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☐ 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 #

**April 10, 01 695-5683**

CR2E037 (10/00)