

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 18, 2001 08:00 AM****Secretary of State****DOCUMENT # N98000006242**1. Entity Name
NCCF-NATIONAL CITY COMMUNITY DEVELOPMENT CORPORATIONPrincipal Place of Business
2515 LUCIERNAGA STREET
CARLSBAD CA 920095820
Mailing Address
2515 LUCIERNAGA STREET
CARLSBAD CA 9200958202. Principal Place of Business
2515 LUCIERNAGA STREET
3. Mailing Address
2515 LUCIERNAGA STREET

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
CARLSBAD CA
City & State
CARLSBAD CA4. FEI Number
91-2058437Applied For
Not ApplicableZip Country
920095820 US
Zip Country
920095820 US5. 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**SENFELMAN TERRY M
12663 SW 102 COURTMIAMI FL
33176 USName
SENGELMAN TERRY M
Street Address (P.O. Box Number is Not Acceptable)
12663 SW 102 COURTCity
MIAMI FL
Zip Code
33176

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 **TERRY MARIE SENGELMANN****01/18/2001**

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	Change	Addition
VP	WINKLER JOHN A	2455 MADRID DRIVE	MELBOURNE FL 32940	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TD	URSO STEPHEN	319 NW LA PLAYA STREET	PORT ST. LUCIE FL 34983	<input checked="" type="checkbox"/>	<input type="checkbox"/>
S	FOX WILLIAM A	1604 LUCERNAGA DR.	CARLSBAD CA 02124	<input type="checkbox"/>	<input type="checkbox"/>
D	OLIVIER FAY	14591 OLD HIGHWAY 80	EL CAJON CA 92021	<input type="checkbox"/>	<input type="checkbox"/>
D	FUENTES BENIGNO C	5720 CAMBER DR.	SAN DIEGO CA 92117	<input type="checkbox"/>	<input type="checkbox"/>
PD	SENGELMAN TERRY M	13663 SW 102 COURT	MIAMI FL 33176	<input type="checkbox"/>	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
S	FOX WILLIAM A	1604 LUCERNAGA DR.	CARLSBAD CA 920095820	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D	OLIVIER FAY	14591 OLD HIGHWAY 80	EL CAJON CA 92021	<input checked="" type="checkbox"/>	<input type="checkbox"/>
DT	FUENTES BENIGNO CCPA	5720 CAMBER DR.	SAN DIEGO CA 92117	<input checked="" type="checkbox"/>	<input type="checkbox"/>
PD	SENGELMAN TERRY M	13663 SW 102 COURT	MIAMI FL 33176	<input checked="" type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: TERRY MARIE SENGELMANN

DP

01/18/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)