

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000002401

1. Entity Name

IMPACT COMMUNITY MINISTRIES, INC.

FILED
Jul 19, 2000 8:00 am
Secretary of State

07-19-2000 90021 047 ****61.25

Principal Place of Business

6687 VIA REGIA
BOCA RATON FL 33433

Mailing Address

P.O. BOX 273747
BOCA RATON FL 33427-3747

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

65-0907493

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

HERBST, JOEL
6687 VIA REGIA
BOCA RATON FL 33433

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
After September 13, 2000 min. will be \$236.25

9. Election Campaign Financing
Trust Fund Contribution.

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**\$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
NAME CENTINEO, GREG
STREET ADDRESS 10572 BUTTONWOOD LAKE DRIVE
CITY-ST-ZIP BOCA RATON FL 33498

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VPD
NAME GRAVATT, SCOTT
STREET ADDRESS 4356 S.W. 10TH PLACE APT. 104
CITY-ST-ZIP DEEFIELD BEACH FL 33442

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD
NAME NARDOLILLO, APRIL
STREET ADDRESS 2300 CAMINO DEL MAR, #304
CITY-ST-ZIP BOCA RATON FL 33433

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD
NAME HERBST, JOEL
STREET ADDRESS 6687 VIA REGINA
CITY-ST-ZIP BOCA RATON FL 33433

TITLE
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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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/00)