

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000005291

1. Entity Name

COMMUNITY IMPACT 2000, INC.

**FILED**  
**Sep 15, 2000 8:00 am**  
**Secretary of State**

09-15-2000 90070 001 \*\*\*\*\*8.75

09-15-2000 90070 002 \*\*\*\*\*61.25

Principal Place of Business

724 S. SEGRAVE STREET  
 DAYTONA BEACH FL 32114

Mailing Address

724 S. SEGRAVE STREET  
 DAYTONA BEACH FL 32114

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3602307

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

TOLLESON, RODNEY  
 204 SOUTH STREET  
 DAYTONA BEACH FL 32114

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

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 ☐ Delete  
 NAME D  
 STREET ADDRESS TOLLESON, RODNEY  
 CITY-ST-ZIP 204 SOUTH STREET  
 DAYTONA BEACH FL 32114

TITLE ☐ Delete  
 NAME D  
 STREET ADDRESS TOLLESON, KATHY  
 CITY-ST-ZIP 204 SOUTH STREET  
 DAYTONA BEACH FL 32114

TITLE ☒ Delete  
 NAME D  
 STREET ADDRESS REIS, KIM  
 CITY-ST-ZIP 8 WINDSAIL CIRCLE  
 ORMOND BEACH FL 32174

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☒ Change ☐ Addition  
 NAME Wade Bailey  
 STREET ADDRESS 2255 Kumputa Dr.  
 CITY-ST-ZIP Deltona, FL 32738

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

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

TITLE ☐ Change ☐ 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:

**SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-12-00 904-253-8574  
 Date Daytime Phone #

CR2E037 (5/00)