2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N9900005291

1. Entity Name

COMMUNITY IMPACT 2000, INC.



FILED May 05, 2003 8:00 am § Secretary of State 05-05-2003 90352 036 ****70.00

| Principal Place (724 3. SEGRAVE DAYTONA BEACI | E-STREET 211 1544 FF. | Mailing Address 724 S. SEGRAVE STREET DAYTONA BEACH FL 32114 | 211844 51 | 4 | | | |
|---|---|--|---|--|-------------------------|--------------------------------|------------|
| 2. Principal Place of Business | | 3. Mailing Address | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | ☐ CHECK HERE IF MAKING CHANGES | | | |
| City & State | | City & State | | 4. FEI Number 59-3602307 Applied F | | plied For | |
| Zip | Country | Zip | Country 5. Certificate of Status Desired | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Addre | ss of New Registered Ac | jent | |
| TOLLESON, RODNEY 204'SOUTH STREET DAYTONA BEACH FL 32114 | | | Name Street Address (P.O. Box Number is Not Acceptable) | | | | |
| , , , , , , , , , , , , , , , , , , , | | | City | | FL | Zip Code | 9 |
| 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE 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 Florida Department of State | | | |
| 10. | OFFICERS AND DIRI | | 11. | ADDITIONS/CHANGES | TO OFFICERS AND DIRE | CTORS IN | 10 |
| NAME STREET ADDRESS 2 | d Tolleson, rodney 204 South Street Daytona Beach Fl 32114 | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | Change | ☐ Addition |
| TITLE INAME STREET ADDRESS 2 | D Tolleson, Kathy 204 South Street Daytona Beach Fl 32114 | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | - | | Change | Addition |
| TITLE NAME STREET ADDRESS 2 | D BAILEY, WADE 2255 KUMPULA DR DELTONA FL 32738 | ☐ 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 | | l | Change | Addition |
| TITLE NAME STREET ADDRESS | | ☐ Delete | TITLE NAME | | (| Change | Addition |
| CITY-ST-ZIP | | | STREET ADDRESS CITY-ST-ZIP | | | | |

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 of trustee empowered to execute this toport 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:

4-25-03