

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000005991

1. Entity Name

COMMUNITY LEADERSHIP FOUNDATION, INC. ✓

**FILED**  
**Jul 21, 2000 8:00 am**  
**Secretary of State**

07-21-2000 90159 008 \*\*\*\*61.25

Principal Place of Business

333 S.W. 140TH TERR.  
NEWBERRY FL 32669

Mailing Address

333 S.W. 140TH TERR.  
NEWBERRY FL 32669

2. Principal Place of Business

333 SW 140th terr

3. Mailing Address

PO Box 12633

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Newberry FL 32669

City & State

Gainesville FL 32604

Zip

Country

Zip

Country

4. FEI Number

59 3534147

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required



DO NOT WRITE IN THIS SPACE

## 6. Name and Address of Current Registered Agent

LANE, IAN  
333 S.W. 140TH TERR.  
NEWBERRY FL 32669

## 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	PD	<input type="checkbox"/> Delete
NAME	LANE, IAN	
STREET ADDRESS	P.O. BOX 12633 N/A	
CITY-ST-ZIP	GAINESVILLE FL 32604	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SORGI, JASON	
STREET ADDRESS	2330 S.W. WILLISTON RD., #1032	
CITY-ST-ZIP	GAINESVILLE FL 32604	
TITLE	TD	<input type="checkbox"/> Delete
NAME	HRABCHAK, RACHEL	
STREET ADDRESS	4440 S.W. ARCHER RD., #1521	
CITY-ST-ZIP	GAINESVILLE FL 32608	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SLOSS, KRISTEN	
STREET ADDRESS	4440 S.W. ARCHER RD., #1521	
CITY-ST-ZIP	GAINESVILLE FL 32608	
TITLE	D	<input type="checkbox"/> Delete
NAME	WORKMAN, KRISTA	
STREET ADDRESS	2007 SAVONA PKWY.	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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

Date

Daytime Phone #

CR2E037 (5/00)