

4/23/

FILED**May 23, 2001 8:00 am**
Secretary of State

04-23-2001 90208 038 ****61.25

4960



DO NOT WRITE IN THIS SPACE

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N99000005991**

1. Entity Name

COMMUNITY LEADERSHIP FOUNDATION, INC.

Principal Place of Business

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

Mailing Address

PO BOX 12633
GAINESVILLE FL 32604

2. Principal Place of Business

5201 NW 34th St

3. Mailing Address

4023 NW 34th Place

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Gainesville, FL

City & State

Gainesville, FL

Zip

32605

Country

USA

Zip

32606

Country

USA

4. FEI Number

59-3534147

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

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

IAN LANE Jason Sorgi

Street Address (P.O. Box Number is Not Acceptable)

1505 Ft. Clarke Blvd.

Apt. # 14-307

City

Gainesville, FL

Zip Code

32606

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

Jason Sorgi

5114101

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.259. 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	☐ Delete
NAME	LANE, IAN	
STREET ADDRESS	P.O. BOX 12633 N/A	
CITY-ST-ZIP	GAINESVILLE FL 32604	
TITLE	VD	☐ Delete
NAME	SORGI, JASON	
STREET ADDRESS	2330 S.W. WILLISTON RD., #1032	
CITY-ST-ZIP	GAINESVILLE FL 32604	
TITLE	TD	☒ Delete
NAME	HRABCHAK, RACHEL	
STREET ADDRESS	4440 S.W. ARCHER RD., #1521	
CITY-ST-ZIP	GAINESVILLE FL 32608	
TITLE	SD	☒ Delete
NAME	SLOSS, KRISTEN	
STREET ADDRESS	4440 S.W. ARCHER RD., #1521	
CITY-ST-ZIP	GAINESVILLE FL 32608	
TITLE	D	☐ Delete
NAME	WORKMAN, KRISTA	
STREET ADDRESS	2007 SAVONA PKWY.	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	TD	☐ Change ☒ Addition
NAME	David Kellenberger	
STREET ADDRESS	239 SW 12th St.	
CITY-ST-ZIP	Cape Coral, FL 33911	
TITLE	VD	☒ Change ☐ Addition
NAME	Jason Sorgi	
STREET ADDRESS	1505 Fort Clarke Blvd #14-307	
CITY-ST-ZIP	Gainesville, FL 32606	
TITLE	SD	☐ Change ☒ Addition
NAME	Nicholas DePaolo	
STREET ADDRESS	1505 Fort Clarke Blvd #14-307	
CITY-ST-ZIP	Gainesville, FL 32606	
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5114101

2/17/01

(352) 375-4646

Date

Daytime Phone #

CR2E037 (10/00)