

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

DOCUMENT # N99000005991

1. Entity Name

COMMUNITY LEADERSHIP FOUNDATION, INC.



Principal Place of Business

**5201 NW 34TH ST
GAINESVILLE FL 32605**

Mailing Address

**4023 NW 34TH PLACE
GAINESVILLE FL 32606**

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 **59-3534147**

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

**SORGI, JASON
1505 FT CLARKE BLVD
APT #14-307
GAINESVILLE FL 32606**

Name **Sorgi, Jason**

Street Address (P.O. Box Number is Not Acceptable)
2531 NW 91ST Drive

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

** Jason Sorgi* **JASON SORGI, VD**

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 DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LANE, IAN P O BOX 1408 NEW YORK NY 10163	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SORGI, JASON 1505 FORT CLARKE BLVD #14-307 GAINESVILLE FL 32606	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KELLENBERGER, DAVID 239 SW 12TH ST CAPE CORAL FL 33991	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SLOSS, KRISTEN 4440 S.W. ARCHER RD., #1521 GAINESVILLE FL 32608	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WORKMAN, KRISTA 2007 SAVONA PKWY CAPE CORAL FL 33904	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DELAOLO, NICHOLAS 1505 FORT CLARK RD #14-307 GAINESVILLE FL 32608	☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LANE, IAN 27 North Wacker Drive #120 Chicago, IL 60606	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Sorgi, Jason 2531 NW 91ST Drive Gainesville, FL 32606	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Kellenberger, David	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	William C. Lane, JR. SD 4121 SE 9th CT. Cape Coral, FL 33904	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LANE, KRISTA 27 North Wacker Drive #120 Chicago, IL 60606	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DEPAOLO, Nicholas 1505 Fort Clark Rd #14-307 5561 Cubes Drive Gainesville, FL 32608 Boca Raton, FL 33422	☒ Change ☐ Addition

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 ** Jason Sorgi* **JASON SORGI**

FILED
Feb 20, 2003 8:00 am
Secretary of State

02-20-2003 90121 034 ****61.25

11" chg the main & mail back to thurs



☐ CHECK HERE IF MAKING CHANGES

ORDER 11/03/03