## **2001 UNIFORM BUSINESS REPORT (UBR)** FILED Mar 02, 2001 8:00 am DOCUMENT # P0000032761 **Secretary of State** COMMUNITY FINANCIAL NETWORK, INC. 03-02-2001 90108 020 \*\*\*150.00 Principal Place of Business Mailing Address 11922 FAIRWAY LAKES DRIVE 11922 FAIRWAY LAKES DRIVE SUITE 1 SUITE 1 723431 FORT MYERS FL 33913 FORT MYERS FL 33913 2. Principal Place of Business 3. Mailing Address 11928 FAIRWAY LAKES DRIVE 11928 FAIRWAY LARAS DRIVE DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 65-0994899 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SCHOENFELD, LOWELL S Street Address (P.O. Box Number is Not Acceptable) 12800 UNIVERSITY DRIVE SUITE 600 FORT MYERS FL 33907 Jurbose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above names **SIGNATURE** (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. PLESIDENT TITLE Delete TITLE DAVIDL, PATTEN NAME NAME 11928 FAIRWAYLAKES DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FORT MYERS, FL 33913 ☐ Addition TITLE ☐ Delete TITLE Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZiP CITY-ST-ZIP Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. 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 urate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director duty this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if ental report of the corporation or the received changed, or on an attachmer

SIGNATURE: