

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000032614

1. Entity Name
COMMUNITY DYNAMICS, INC.

Principal Place of Business
**1620 5TH STREET
DAYTONA BEACH FL 32117**

Mailing Address
**1620 5TH STREET
DAYTONA BEACH FL 32117**

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent

**COFFE, EDWIN
916 LOCKHART STREET
DAYTONA BEACH FL 32114**

4. FEI Number **APPLIED FOR**
593754168

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

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 _____ (NOTE: Registered Agent signature required when reinstating)

DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CHESTER, GERALD O 1620 5TH STREET DAYTONA BEACH FL 32117 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DICKENS, GERALD 1521 Florida Street Daytona Beach, FL 32114 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O Dash, Jennifer 1082 Shandon Road Daytona Beach, FL 32114 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 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

Date _____ Daytime Phone # _____

09-12-2001 90165 008 ***550.00
FILED

01 DEC -4 PM 2:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
00063494



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)

Community Dynamics, Inc.

December 4, 2001

To Whom IT May Concern:

This is in response to the recent late fee penalty assessed our organization. We mailed the Corrected Uniform Business Report during the month of October. However, no acknowledgment was received and a late penalty was assessed.

Therefore, we are requesting that the Division of Corporation waive ~~the~~ the late fee as we believe we ~~comply~~ complied with Division's request.

Sincerely

Gerald Chester
President