

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

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90783 037 ****61.25

DOCUMENT # 707760

1. Entity Name
CENTRAL FLORIDA SOCIETY OF FINANCIAL SERVICE PROFESSIONALS, INC.



Principal Place of Business

**1011 ALBERTA ST
LONGWOOD FL 32750
US**

Mailing Address

**PO BOX 522194
LONGWOOD FL 32752-2194
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2530031**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**ADAMS, EARL R
1011 ALBERTA ST
LONGWOOD FL 32750**

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

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

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 **MD** ☐ Delete
NAME **ADAMS, EARL**
STREET ADDRESS **1011 ALBERTA ST**
CITY-ST-ZIP **LONGWOOD FL 32750**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VD** ☐ Delete
NAME **DINKLAGE, KENNETH H**
STREET ADDRESS **1331 N MILLS AVE**
CITY-ST-ZIP **ORLANDO FL 32803**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **STD** ☒ Delete
NAME **JANAS, GEORGE**
STREET ADDRESS **222 S PENNSYLVANIA AVE**
CITY-ST-ZIP **WINTER PARK FL 32789**

TITLE ☐ Change ☒ Addition
NAME **ST. D. William F. Newman**
STREET ADDRESS **108 marcia Drive**
CITY-ST-ZIP **Altamonte Springs, FL 32714**

TITLE **PD** ☒ Delete
NAME **FETTER, EUGENE**
STREET ADDRESS **315 E. ROBINSON ST, STE 570**
CITY-ST-ZIP **ORLANDO FL 32801**

TITLE ☐ Change ☒ Addition
NAME **VD Christopher Kmetz**
STREET ADDRESS **301 East Pine Street, Ste 800**
CITY-ST-ZIP **Orlando, FL 32801**

TITLE **D** ☐ Delete
NAME **EGANA, LORI**
STREET ADDRESS **1900 SUMMIT TOWER BLVD STE 240**
CITY-ST-ZIP **ORLANDO FL 32810**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **BA** ☐ Delete
NAME **BAETY, JONATHAN**
STREET ADDRESS **450 S ORANGE AVE STE 600**
CITY-ST-ZIP **ORLANDO FL 32801**

TITLE **P D** ☒ 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 Required

4-N-03 407-767-0200

CR2E037 (10/02)