

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 19, 2000 8:00 am
Secretary of State

04-19-2000 90032 042 ****61.25

DOCUMENT # 711555
 Entity Name
CENTRAL FLORIDA LEGAL SERVICES, INC.

Principal Place of Business Mailing Address
128 ORANGE AVE
#A
DAYTONA BEACH FL 32114-4310
 US



DO NOT WRITE IN THIS SPACE

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

4. FEI Number **59-1156260** Applied For
 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
ELLIOTT, PHILIP H, JR
150 MAGNOLIA AVE.
DAYTONA BEACH FL 32115

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 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 Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	TOWNSEND, WILLIAM	
STREET ADDRESS	613 ST JOHNS AVE	
CITY-ST-ZIP	PALATKA FL	
TITLE	ED	<input type="checkbox"/> Delete
NAME	ABBUEHL, WILLIAM H	
STREET ADDRESS	128-A ORANGE AVENUE	
CITY-ST-ZIP	DAYTONA BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	WOLFE, CLYDE	
STREET ADDRESS	1797 OLD MOULTRIE RD	
CITY-ST-ZIP	ST AUGUSTINE FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	HENRY, DAISY	
STREET ADDRESS	P.O. BOX 461 N/A	
CITY-ST-ZIP	BUNNELL FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	STEVENS-SINGLETON, JUDY	
STREET ADDRESS	30 N. GROVE ST STE B	
CITY-ST-ZIP	MERRITT ISLAND FL 32953	
TITLE	PD	<input type="checkbox"/> Delete
NAME	PONDER, STEPHEN	
STREET ADDRESS	114 S. PALMETTO AVE	
CITY-ST-ZIP	DAYTONA BEACH FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FRANK MARRIOTT	
STREET ADDRESS	432 SO. BEACH STREET	
CITY-ST-ZIP	DAYTONA BEACH, FL 32114	
TITLE	S.D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	AMANDA GETER	
STREET ADDRESS	117 CASTLE BREWER CT.	
CITY-ST-ZIP	SANFORD, FL 32771	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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**

CR2E037 (9/99)