

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2000 8:00 am
Secretary of State

03-17-2000 90035 032 ****61.25

DOCUMENT # 731550

1. Entity Name

CENTRAL FLORIDA TRAIL RIDERS, INC.

Principal Place of Business

1104 CALLA STREET
 ALTAMONTE SPRINGS FL 32714-7210
 US

Mailing Address

1104 CALLA STREET
 ALTAMONTE SPRINGS FL 32714-7210
 US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3035122

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

FINNERTY, KEITH
1104 CALLA STREET
ALTAMONTE SPRINGS FL 32714-7210

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 | S | <input type="checkbox"/> Delete |
| NAME | SEWAR, TWILAH | |
| STREET ADDRESS | 2829 FLORA WAY | |
| CITY-ST-ZIP | APOPKA FL 32703 | |
| TITLE | TD | <input type="checkbox"/> Delete |
| NAME | HODGE, SUSAN | |
| STREET ADDRESS | 328 17TH AVE | |
| CITY-ST-ZIP | OCOEFL FL 34761-1730 | |
| TITLE | VD | <input type="checkbox"/> Delete |
| NAME | SHEPPARD, LANE | |
| STREET ADDRESS | 2129 RIDGE DR | |
| CITY-ST-ZIP | WINTER PARK FL | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | HODGE, KEVIN | |
| STREET ADDRESS | 328 17TH AVE | |
| CITY-ST-ZIP | OCOEFL FL 34761-1730 | |
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | FINNERTY, KEITH | |
| STREET ADDRESS | 1104 CALLA ST. | |
| CITY-ST-ZIP | ALTAMONTE SPRINGS FL 32714-7210 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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 | | <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 | | <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: Keith Finnerty **2/18/00** **407 774 9090**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #