

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State

0022275

DOCUMENT # 731550

05-03-2001 90062 018 ****61.25

1. Entity Name

CENTRAL FLORIDA TRAIL RIDERS, INC.

Principal Place of Business

Mailing Address

1104 CALLA STREET
 ALTAMONTE SPRINGS FL 32714-7210
 US

1104 CALLA STREET
 ALTAMONTE SPRINGS FL 32714-7210
 US

000109



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

1104 Calla Street

1104 Calla Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Altamonte Springs FL

Same

4. FEI Number

59-3035122

Applied For

Not Applicable

Zip

Country

Zip

Country

32714-7210

USA

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ~~S~~ Delete
 NAME SEWAR TWILAH
 STREET ADDRESS 2829 FLORA WAY
 CITY-ST-ZIP APOPKA FL 32703

TITLE S Change Addition
 NAME JESSICA MCCORD
 STREET ADDRESS 2973 Dana Lane
 CITY-ST-ZIP Kissimmee FL 34744

TITLE ~~TD~~ Delete
 NAME HODGE, SUSAN
 STREET ADDRESS 328 17TH AVE
 CITY-ST-ZIP OCOEE FL 34761-1730

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ~~VB PD~~ Delete
 NAME SHEPPARD, LANE
 STREET ADDRESS 2129 RIDGE DR
 CITY-ST-ZIP WINTER PARK FL

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

TITLE ~~B~~ Delete
 NAME HODGE, KEVIN
 STREET ADDRESS 328 17TH AVE
 CITY-ST-ZIP OCOEE FL 34761-1730

TITLE VD Change Addition
 NAME JOSH LOBERANT
 STREET ADDRESS 7790 Fox Knoll Place
 CITY-ST-ZIP Winter Park FL 32792

TITLE ~~PB~~ Delete
 NAME FINNERTY, KEITH
 STREET ADDRESS 1104 CALLA ST.
 CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714-7210

TITLE ~~DD D~~ Change Addition
 NAME Debbie Broderick
 STREET ADDRESS 1120 West Roberts St
 CITY-ST-ZIP Orange City FL 32763

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE 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: *Keith Finnerty* 4/25/01 774-9090 407-998-2864
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E037 (10/00)