2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT#731550

Address:

City-St-Zip:

ORANGE CITY, FL 32763

Entity Name: CENTRAL FLORIDA TRAIL RIDERS, INC.

Apr 23, 2002 8:00 AM Secretary of State

Current Principal Place of Business: New Principal Place of Business: 1104 CALLA STREET ALTAMONTE SPRINGS, FL 327147210 US **Current Mailing Address: New Mailing Address:** 1104 CALLA STREET ALTAMONTE SPRINGS, FL 327147210 US FEI Number: 59-3035122 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: FINNERTY, KEITH 1104 CALLA STREET ALTAMONTE SPRINGS, FL 327147210 US 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete MCCORD, JESSICA Name: Name: 2973 DANA LANE Address: Address: City-St-Zip: KISSIMMEE, FL 34744 City-St-Zip: Title: TD () Delete Title: () Change () Addition Name: HODGE, SUSAN Name: Address: 328 17TH AVE Address: City-St-Zip: OCOEE, FL 347611730 City-St-Zip: Title: () Delete Title: () Change () Addition SHEPPARD, LANE Name: Name: Address: 2129 RIDGE DR Address: City-St-Zip: WINTER PARK, FL City-St-Zip: () Delete Title: VD Title: () Change () Addition LOBERANT, JOSH Name: Name: 7790 FOX KNOLL PL Address: Address: City-St-Zip: WINTER PARK, FL 32792 City-St-Zip: Title: () Delete Title: (X) Change () Addition BRODERICK, DEBBIE FINNERTY, KEITH Name: Name: 1120 WEST ROBERTS ST 1104 CALLA ST.

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

ALTAMONTE SPRINGS, FL 32714

SIGNATURE: KEITH FINNERTY D 04/23/2002