

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 731550

FILED
Jan 15, 2003
Secretary of State

Entity Name: CENTRAL FLORIDA TRAIL RIDERS, INC.

Current Principal Place of Business:

1104 CALLA STREET
ALTAMONTE SPRINGS, FL 327147210 US

New Principal Place of Business:

Current Mailing Address:

1104 CALLA STREET
ALTAMONTE SPRINGS, FL 327147210 US

New Mailing Address:

FEI Number: 59-3035122 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FINNERTY, KEITH
1104 CALLA STREET
ALTAMONTE SPRINGS, FL 327147210 US

Name and Address of New Registered Agent:

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:

Title: S () Delete
Name: MCCORD, JESSICA
Address: 2973 DANA LANE
City-St-Zip: KISSIMMEE, FL 34744

Title: TD () Delete
Name: HODGE, SUSAN
Address: 328 17TH AVE
City-St-Zip: OCOEE, FL 347611730

Title: PD () Delete
Name: SHEPPARD, LANE
Address: 2129 RIDGE DR
City-St-Zip: WINTER PARK, FL

Title: VD () Delete
Name: LOBERANT, JOSH
Address: 7790 FOX KNOLL PL
City-St-Zip: WINTER PARK, FL 32792

Title: D () Delete
Name: FINNERTY, KEITH
Address: 1104 CALLA ST.
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: S (X) Change () Addition
Name: SULLIVAN, MICHELE
Address: PO BOX 681387
City-St-Zip: ORLANDO, FL 328681387

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change () Addition
Name: SHEPPARD, LANE
Address: 2129 RIDGE DR
City-St-Zip: WINTER PARK, FL 32789

Title: D (X) Change () Addition
Name: ED, BULL
Address: 1120 W.ROBERTS RD
City-St-Zip: ORANGE CITY, FL

Title: PD (X) Change () Addition
Name: FINNERTY, KEITH
Address: 1104 CALLA ST.
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

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.

SIGNATURE: KEITH FINNERTY

PD

01/15/2003

Electronic Signature of Signing Officer or Director

Date