

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2002 8:00 am
Secretary of State

04-10-2002 90354 032 ****61.25

0001334

DOCUMENT # N00000002704

1. Entity Name

COMMUNITY CENTRAL FOUNDATION INC.

Principal Place of Business

Mailing Address

14500 LANDSTAR BLVD.
 ORLANDO FL 32824

14500 LANDSTAR BLVD.
 ORLANDO FL 32824

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2977779

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CASSATA, ROBERT A
14500 LANDSTAR BLVD.
ORLANDO FL 32824

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	D	<input type="checkbox"/> Delete
NAME	MCGLINCHEY, TODD	
STREET ADDRESS	3220 FALCON PT DR.	
CITY-ST-ZIP	KISSIMMEE FL 34741	
TITLE	D	<input type="checkbox"/> Delete
NAME	AIHE, FRANCIS	
STREET ADDRESS	201 ALYDAR COURT	
CITY-ST-ZIP	ORLANDO FL 32824	
TITLE	P	<input type="checkbox"/> Delete
NAME	CASSATA, ROBERT	
STREET ADDRESS	2709 PEGGY DRIVE	
CITY-ST-ZIP	KISSIMMEE FL 34744	
TITLE	V	<input type="checkbox"/> Delete
NAME	RING, ROSCOE	
STREET ADDRESS	13353 LAVER LANE	
CITY-ST-ZIP	ORLANDO FL 32824	
TITLE	T	<input type="checkbox"/> Delete
NAME	MCGLINCHEY, MELISSA	
STREET ADDRESS	3220 FALSON PT. DR.	
CITY-ST-ZIP	KISSIMMEE FL 34741	
TITLE		<input type="checkbox"/> Delete
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
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STREET ADDRESS		
CITY-ST-ZIP		
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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:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/1/02
 Date

407.438.6100
 Daytime Phone #

CR2E037 (9/01)