

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000008019

1. Entity Name

FLORIDA MODERN PENTATHLON AND FENCING FOUNDATION

Principal Place of Business

1600 LITTLE SPARROW CT
WINTER SPRINGS FL 32708

Mailing Address

P.O. BOX 620102
OVIEDO FL 32762-0102

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3686174

Applied For

Not Applicable

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

ABLANEDO, CARLOS M
1600 LITTLE SPARROW CT
WINTER SPRINGS FL 32708

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 D ☐ Delete
NAME ABLANEDO, CARLOS M
STREET ADDRESS 1600 LITTLE SPARROW CT
CITY-ST-ZIP WINTER SPRINGS FL 32708

TITLE D ☒ Delete
NAME ZHURKIN, ALEXANDER E
STREET ADDRESS P.O. BOX 620102
CITY-ST-ZIP OVIEDO FL 32708

TITLE D ☐ Delete
NAME HAGBERG, DAVID
STREET ADDRESS 505 BEACHLAND BLVD, STE I-250
CITY-ST-ZIP VERO BEACH FL 32963

TITLE D ☐ Delete
NAME BLOODWORTH, MARY
STREET ADDRESS 730 LAKE CATHERINE DR
CITY-ST-ZIP MAITLAND FL 32751

TITLE D ☐ Delete
NAME D'ALERTA, R.M.
STREET ADDRESS 137 SW 138 PL
CITY-ST-ZIP MIAMI FL 33184

TITLE D ☐ Delete
NAME ZERVITZ, MICHAEL A
STREET ADDRESS 916 DELTONA BLVD
CITY-ST-ZIP DELTONA FL 32725

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME ABLANEDO
STREET ADDRESS
CITY-ST-ZIP

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

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

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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:

Signature of Carlos M. Ablanedo

7/16/2001

FILED
Jul 20, 2001 8:00 am
Secretary of State

07-20-2001 90002 033 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)

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