

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 05, 2002 8:00 am**  
**Secretary of State**

03-05-2002 90086 017 \*\*\*\*61.25

**DOCUMENT # N01000002323**

1. Entity Name  
**CENTRAL FLORIDA FOUNDATION FOR A DRUG-FREE COMMUNITY, INC.**

Principal Place of Business      Mailing Address  
**205 SOUTH EOLA DR**      **205 SOUTH EOLA DR**  
**ORLANDO FL 32801**      **ORLANDO FL 32801**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address  
**205 South Eola Drive**

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
**Orlando, FL**

4. FEI Number      Applied For  
**59--3760157**      Not Applicable

Zip      Country      Zip      Country  
**32801**      **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

**GOLDSTEIN, JOSEPH I**  
**201 S ORANGE AVE, SUITE 1100**  
**ORLANDO FL 32801**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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          | <b>PD</b>                           | <input type="checkbox"/> Delete |
| NAME           | <b>FEULNER, DONALD J</b>            |                                 |
| STREET ADDRESS | <b>205 SOUTH EOLA DR</b>            |                                 |
| CITY-ST-ZIP    | <b>ORLANDO FL 32801</b>             |                                 |
| TITLE          | <b>SD</b>                           | <input type="checkbox"/> Delete |
| NAME           | <b>GOLDSTEIN, JOSEPH I</b>          |                                 |
| STREET ADDRESS | <b>201 S ORANGE AVE, SUITE 1100</b> |                                 |
| CITY-ST-ZIP    | <b>ORLANDO FL 32801</b>             |                                 |
| TITLE          | <b>TD</b>                           | <input type="checkbox"/> Delete |
| NAME           | <b>HORST, ERIC</b>                  |                                 |
| STREET ADDRESS | <b>205 SOUTH EOLA DR</b>            |                                 |
| CITY-ST-ZIP    | <b>ORLANDO FL 32801</b>             |                                 |
| TITLE          |                                     | <input type="checkbox"/> Delete |
| NAME           |                                     |                                 |
| STREET ADDRESS |                                     |                                 |
| CITY-ST-ZIP    |                                     |                                 |
| TITLE          |                                     | <input type="checkbox"/> Delete |
| NAME           |                                     |                                 |
| STREET ADDRESS |                                     |                                 |
| CITY-ST-ZIP    |                                     |                                 |
| 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 |
| 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 |
| NAME           |  |   |
| 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: **Donald J Feulner**      Date: **2/19/02**      Daytime Phone #: **407-245-0045**

CR2E037 (9/01)