2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N47704

1. Entity Name

CENTRAL FLORIDA CHAPTER OF THE ASSOCIATION FOR D

FILED
May 15, 2000 8:00 am
Secretary of State
05-15-2000 90264 016 ****61.25

Principal Place of Business	Mailing Address
301 N E IVANHOE BLVD ORLANDO FL 32804 US	P O BOX 1021 GOLDENROD FL 32733-1021 US

DO NOT WRITE IN THIS SPACE

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 59-3203866 ☐ 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
HOOD, THERESA E CF A 689 ABERDEEN LANE WINTER SPRINGS FL 32708	Name Shirley A. Scott Street Address (P.O. Box Number is Not Acceptable) 2918 Walnut Street City Orlando FL Zip Code 32806

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 Shirley A. Scott Shirley A. Scott 4-27-00
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	TD HOOD, THERESA E 689 ABERDEEN LANE WINTER SPRINGS FL	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD Shirley A. Scott 2918 Walnut Street Orlando, FL 32806	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD GILLAN, THOMAS 1591 WARRINGTON WINTER SPRINGS FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD Gillan, Thomas 1591 Warrington Winter Springs, FL 32708	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD VOGEL, GARY 1954 HOWELL BRANCH ROAD, STE 106 WINTER PARK FL 32892	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD Kramlinger, Maureen 500 Woodview Drive Longwood, FL 32779	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/99)

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: Shirley A. Scott Shirley A. Scott 4-27-00 407-894-6100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #