

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N48419

1. Entity Name

CENTRAL FLORIDA REAL ESTATE INVESTORS, INC.

FILED
Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90016 033 ****61.25

Principal Place of Business

Mailing Address

P.O. BOX 940545
 MAITLAND FL 32794
 US

P.O. BOX 940545
 MAITLAND FL 32794-0545
 US

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

59-3117856

Applied For

Not Applicable

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

KANAGA, RICK
980 MONTGOMERY ROAD., #3
ALTAMONTE SPRINGS FL 32714

Name

Street Address (P.O. Box Number is Not Acceptable)

2627 W. State Road 434

City **LONGWOOD**

FL

Zip Code **32779**

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 *Rick Kanaga*

RICK KANAGA

2/29/00

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	VPD	<input type="checkbox"/> Delete
NAME	DUBOVEC, RUDY	
STREET ADDRESS	821 WHIPORWILL DRIVE	
CITY-ST-ZIP	PORT ORANGE FL 32019	
TITLE	PD	<input type="checkbox"/> Delete
NAME	BURT, CHUCK	
STREET ADDRESS	1081 N LAKE SYBELIA DR	
CITY-ST-ZIP	MAITLAND FL 32751	
TITLE	TD	<input type="checkbox"/> Delete
NAME	KANAGA, RYAN	
STREET ADDRESS	380 S. STATE ROAD 434 SUITE 1004-174	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	
TITLE	SD	<input type="checkbox"/> Delete
NAME	LARIBE, JACK	
STREET ADDRESS	410 ALCAZAR AVE	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	O'HANLON, CONNIE	
STREET ADDRESS	827 DIVISION	
CITY-ST-ZIP	OVIEDO FL	
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		

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: *Ryan Kanaga* **RYAN KANAGA**

2/29/2000

407-862-2292

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)