2001 UNIFORM BUSINESS REPORT (UBR)

Aug 20, 2001 8:00 am Secretary of State DOCUMENT # N9800005724 1. Entity Name 08-20-2001 90074 038 ****61.25 CENTRAL FLORIDA CHAPTER OF AMERICAN SOCIETY OF H Principal Place of Business Mailing Address WANDA CLASSE WANDA CLASSE U0061613 3319 MAGUIRE BLVD#155 3319 MAGUIRE BLVD#155 ORLANDO FL 32803 ORLANDO FL 32803 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3536419 Not Applicable Country Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ___ Street Address (P.O. Box Number is Not Acceptable) CLASSE, WANDA 3319 MAGUIRE BLVD. SUITE 155 ORLANDO FL 32803 City 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 Make Check Payable to \$5.00 May Be Trust Fund Contribution. After September 12, 2001, min. will be \$236.25 Added to Fees Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Delete Change ☐ Addition EDER, KELVIN L NAME 9282 LAKE SHARE COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32517 CITY-ST-ZIP STD Addition TITLE ☐ Delete ☐ Change NELSON, JOHN NAME NAME 9282 LAKE SHARE COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32517 CITY-ST-7IP Delete__ Change Addition MURPHY, JAMES A NAME NAME STREET ADDRESS 280 DIRKSEN DR STREET ADDRESS CITY-ST-ZIP DEBARY FL 32713 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition GOLDBERG, HENRY NAME NAME STREET ADDRESS 9282 LAKE SHARE COURT STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32517 CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME Wanda Classe STREET ADDRESS STREET ADDRESS 3319 Maguire Blvd. #155 CITY-ST-ZIP CITY-ST-ZIP Orlando. FL ☐ Delete TITLE ☐ Addition Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

QUWanda Classe 8-14-01 (407) 894-5554

changed, or on an attachment with an address, with all other like empowered