

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000006113

1. Entity Name
CENTRAL FLORIDA Z CLUB INC.

FILED
Apr 19, 2000 8:00 am
Secretary of State

04-19-2000 90110 031 ***150.00

Principal Place of Business Mailing Address
2916 QUINCY CT 2916 QUINCY CT
APOPKA FL 32703 APOPKA FL 32703-4965



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 59-3534560 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

KLAFTER, DONALD
2916 QUINCY CT
APOPKA FL 32703

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS: \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** Delete
NAME **KLAFTER, DONALD**
STREET ADDRESS **2916 QUINCY CT**
CITY-ST-ZIP **APOPKA FL 32703**

TITLE **P** Change Addition
NAME **SCOTT ANDERSON**
STREET ADDRESS **20727 MELVILLE STREET**
CITY-ST-ZIP **ORLANDO, FL. 32833**

TITLE **T** Delete
NAME **CHARLEBOIS, RAY**
STREET ADDRESS **801 WINDY PL., #205**
CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32714**

TITLE **V** Change Addition
NAME **JAKE HENNY**
STREET ADDRESS **15224 C.R. 448**
CITY-ST-ZIP **TAVARES, FL. 32778**

TITLE **S** Delete
NAME **ISRAELSON, DEBBIE**
STREET ADDRESS **355 BEAVER RD**
CITY-ST-ZIP **OSTEAN FL 32764**

TITLE **T** Change Addition
NAME **DONALD KLAFTER**
STREET ADDRESS **2916 QUINCY COURT**
CITY-ST-ZIP **APOPKA, FL. 32703**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **S** Change Addition
NAME **RICHARD CHIANESE**
STREET ADDRESS **125 SPRING LAKE HILLS DRIVE**
CITY-ST-ZIP **ALTAMONTE SPRINGS, FL. 32714**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Donald Klafter 4/13/2000 _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)