

**2002 UNIFORM BUSINESS REPORT (UBR)**

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

04-05-2002 90002 024 \*\*\*150.00

0067815 AV

**DOCUMENT # P98000006113**  
 1. Entity Name  
**CENTRAL FLORIDA Z CLUB INC.**

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

2. Principal Place of Business      3. Mailing Address  
**355 W. HIGHBANKS RD.**              **355 W. HIGHBANKS RD.**  
 Suite, Apt. #, etc.                      Suite, Apt. #, etc.

City & State      City & State  
**DEBARY, FL.**                      **DEBARY, FL.**  
 Zip      Country      Zip      Country  
**32713**                      **32713**

4. FEI Number      Applied For  
**59-3534560**                      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  
**KLAFTER, DONALD**  
**2916 QUINCY CT**  
**APOPKA FL 32703**

7. Name and Address of New Registered Agent  
 Name      **CATHA, GERALD T.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**355 W. HIGHBANKS RD.**  
 City      **DEBARY**      State      **FL**      Zip Code      **32713**

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: Gerald T. Catha      **CATHA, GERALD T. TREASURER**      **03-26-02**  
Signature, typed or printed name of registered agent and title if applicable. (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, 2002 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>ANDERSON, SCOTT</b> <b>20727 MELVILLE ST</b> <b>ORLANDO FL 32833</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>STEPHENS, CLARK</b> <b>1078 BRANDYWINE LANE</b> <b>LONGWOOD FL 32779</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>KLAFTER, DONALD</b> <b>2916 QUINCY CT</b> <b>APOPKA FL 32703</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>CHIANESE, RICHARD</b> <b>125 SPRING LAKE HILLS DR</b> <b>ALTAMONTE SPRINGS FL 32714</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>STEPHENS, CLARK</b> <b>1078 BRANDYWINE LANE</b> <b>LONGWOOD, FL. 32779</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>AMATO, AL</b> <b>8410 MURRAY CT.</b> <b>SANFORD, FL. 32771</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>CATHA, GERALD T.</b> <b>355 W. HIGHBANKS RD.</b> <b>DEBARY, FL. 32713</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>CHARLEBOIS, RAY</b> <b>801 WINDY PLACE #205</b> <b>ALTAMONTE SPRINGS, FL. 32714</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Gerald T. Catha      **CATHA, GERALD T.**      **03-26-02**      **(386) 668-2289**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (9/01)