

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 14, 2003 8:00 am**  
**Secretary of State**

02-14-2003 90203 005 \*\*\*150.00

DOCUMENT # **P98000006113**



1. Entity Name  
**CENTRAL FLORIDA Z CLUB INC.**

Principal Place of Business  
**355 W. Highbanks Rd  
DeBary FL 32713**

Mailing Address  
**355 W. Highbanks Rd  
DeBary FL 32713**



2. Principal Place of Business  
**107 Brandywine Ln**  
Suite, Apt. #, etc.

3. Mailing Address  
**107 Brandywine Ln**  
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State  
**Longwood, FL**  
Zip  
**32779**

City & State  
**Longwood, FL**  
Zip  
**32779**

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  
**CATHA, GERALD T  
355 W. Highbanks Rd  
DeBary FL 32713**

7. Name and Address of New Registered Agent  
Name **STEPHENS, CLARK**  
Street Address (P.O. Box Number is Not Acceptable)  
**107 Brandywine Ln**  
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **STEPHENS, CLARK TREASURER** DATE **2/9/03**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P STEPHENS, CLARK 1078 BRANDY WINE LANE LONGWOOD FL 32779</b>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V AMATO, AL 8410 MURRY CT. SANFORD FL 32771</b>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T CATHA, GERALD T 355 W Highbanks Rd DeBary FL 32713</b>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S CHARLEBOIS, RAY 801 WINNY PLACE #205 ALTAMONTE SPRINGS FL 32714</b>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P CATHA, GERALD T 355 W. Highbanks Rd DeBary FL 32713</b>	<input checked="" type="checkbox"/> <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V BLANKENSHIP, SCOTT 17526 COBBLESTONE LN CLERMONT, FL 34711</b>	<input checked="" type="checkbox"/> <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T STEPHENS, CLARK 107 BRANDY WINE LN LONGWOOD, FL 32779</b>	<input checked="" type="checkbox"/> <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> <input type="checkbox"/>

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 607, 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: **STEPHENS, CLARK** DATE **2/9/03** Daytime Phone # **407-786-0275**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)