## 2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000004573

Entity Name: REGION 13 FLORIDA CUP SERIES, INC.

FILED
Apr 17, 2015
Secretary of State
CC2083128506

## **Current Principal Place of Business:**

182 KENTUCKY BLUE CIRCLE APOPKA, FL 32712

## **Current Mailing Address:**

182 KENTUCKY BLUE CIRCLE APOPKA, FL 32712 US

FEI Number: 26-0636232 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

WILLIAMSON, MICHAEL 182 KENTUCKY BLUE CIRCLE APOPKA, FL 32712 US

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: MICHAEL WILLIAMSON 04/17/2015

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

Title P Title VP

Name TORRES, MIGUEL Name WILLIAMSON, MIKE

Address 446 SPRING HOLLOW BLVD. Address 182 KENTUCKY BLUE CIRCLE

City-State-Zip: APOPKA FL 32712 City-State-Zip: APOPKA FL 32712

Title T Title S

Name KUNSTBECK, SAMANTHA G Name LUTZ, AMANDA

Address 2399 PALM DRIVE Address 244 PALM CASTLE DRIVE

City-State-Zip: PORT ORANGE FL 32128 City-State-Zip: PORT ORANGE FL 32127

Title D

Name GERTSCH, SCOTT
Address 600 NORTH STREET
City-State-Zip: NEW SMYRNA FL 32168

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MIKE WILLIAMSON DIRECTOR

Electronic Signature of Signing Officer/Director Detail

04/17/2015 Date