

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000003987

Entity Name: PRIVATE BUSINESS ASSOCIATION OF SEMINOLE, INC.

Current Principal Place of Business:

705 LAKESIDE DRIVE
WINTER SPRINGS, FL 32708

Current Mailing Address:

P.O. BOX 950505
LAKE MARY, FL 32795-0505 US

FEI Number: 59-3208272

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

CATALDO, CYNTHIA
705 LAKESIDE DRIVE
WINTER SPRINGS, FL 32708 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: CYNTHIA CATALDO

01/26/2022

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name DOLAN, TIM
Address WASTE PRO USA
 1705 ST JOHNS PARKWAY
City-State-Zip: SANFORD FL 32771

Title TREASURER
Name JOACHIM, LOUIS
Address DOVER INTERNATIONAL REALTY
 1307 S. INTERNATIONAL PKW. 1091
City-State-Zip: LAKE MARY FL 32714

Title SECRETARY
Name SMITH, MICHELLE
Address SOURCE 1 SPECIALTY SERVICES INC
 920 BELLE AVE 1320
City-State-Zip: WINTER SPRINGS FL 32708

Title D
Name ZIC, ANDREW
Address CAPITAL SOLUTION & INVESTMENTS
 1307 S. INTERNATIONAL PKWY 1091
City-State-Zip: LAKE MARY FL 32746

Title DIRECTOR
Name BRAVO, CARMINE
Address ALTERNATIVE DISPUTE RESOLUTION
 1566 GRACE LAKE CIR
City-State-Zip: LONGWOOD FL 32750

Title DIRECTOR
Name MEADOR, LARRY
Address EVOK
 152 N 4TH ST 1410
City-State-Zip: LAKE MARY FL 32746

Title DIRECTOR
Name SOHDI, CHANDI
Address SUNSHINE PHARMACY
 5040 W SR 46 1126
City-State-Zip: SANFORD FL 32771

Title DIRECTOR
Name FRIEDMAN, BRIDGET
Address FRIEDMAN LAW, PA
 600 RINEHART RD 3086
City-State-Zip: LAKE MARY FL 32746

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: TIM DOLAN

PRES

01/26/2022

Electronic Signature of Signing Officer/Director Detail

Date