

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 704516

1. Entity Name

CENTRAL FLORIDA SHELTERED WORKSHOP INC

Principal Place of Business

Mailing Address

1600 AARON AVE.
ORLANDO FL 32811
US

P O BOX 1300
APOPKA FL 32704
US

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

59-1098578

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

PORTA, K
C/O LIFE CONCEPTS, INC.
380 SEMORAN COMMERCE PLACE, B-204
APOPKA FL 32704

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Delete
NAME ZAVADSKY, MATT
STREET ADDRESS 1155 S. SEMORAN BLVD., STE. 1111
CITY-ST-ZIP WINTER PARK FL 32792

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☒ Delete
NAME PALVISAK, KARL
STREET ADDRESS 201 E. PINE ST. STE. 202
CITY-ST-ZIP ORLANDO FL 32801

TITLE D ☐ Change ☒ Addition
NAME Fernandez, Melanie
STREET ADDRESS 201 S. Orange Ave., Suite 950
CITY-ST-ZIP Orlando, FL 32801

TITLE CD ☐ Delete
NAME PIPKORN, TIM
STREET ADDRESS 482 SADDLE BAY LOOP
CITY-ST-ZIP OCOEE FL 32761

TITLE D ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME WATERS, JIM
STREET ADDRESS 2324 BAESEL VIEW DR
CITY-ST-ZIP ORLANDO FL 32835

TITLE CD ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME RECCHIA, MARY
STREET ADDRESS 7973 S. PARK PLACE
CITY-ST-ZIP ORLANDO FL 32819

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

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 617, 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:

M. Katie Porta M. Katie Porta 2-11-02 407-889-4530

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 01, 2002 8:00 am
Secretary of State

04-01-2002 90173 049 ****70.00



DO NOT WRITE IN THIS SPACE

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