

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 707760

1. Entity Name

CENTRAL FLORIDA SOCIETY OF FINANCIAL SERVICE PRO

FILED
Feb 08, 2000 8:00 am
Secretary of State

02-08-2000 90134 042 ****61.25

Principal Place of Business

Mailing Address

853 SEMORAN BLVD
SUITE #133
CASSELBERRY FL 32707
US

853 SEMORAN BLVD
SUITE #133
CASSELBERRY FL 32707-5351
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

59-1749329

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

ADAMS, EARL R
853 SEMORAN BLVD
SUITE #133
CASSELBERRY FL 32707

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 PD ☐ Delete
NAME ADAMS, EARL
STREET ADDRESS 853 SEMORAN BLVD, STE #133
CITY-ST-ZIP CASSELBERRY FL 32707-5382

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

TITLE P ☒ Delete
NAME DAYHOFF, SCOTT
STREET ADDRESS 853 SEMORAN BLVD, STE #133
CITY-ST-ZIP CASSELBERRY FL 32707-5382

TITLE PE/D ☐ Change ☒ Addition
NAME W. BRITT LOVETT
STREET ADDRESS 390 N. Orange Ave, Ste 2300
CITY-ST-ZIP Orlando, FL 32801

TITLE PE ☒ Delete
NAME ALLBEE, RONALD
STREET ADDRESS 853 SEMORAN BLVD, STE #133
CITY-ST-ZIP CASSELBERRY FL 32707-5382

TITLE VP/D ☐ Change ☒ Addition
NAME Larry RASH
STREET ADDRESS 2180 PARK AVE, N., Ste 322
CITY-ST-ZIP WINTER PARK, FL 32789

TITLE VPD ☒ Delete
NAME PATTERSON, RICHARD
STREET ADDRESS 360 WILSHIRE BLVD #104
CITY-ST-ZIP CASSELBERRY FL 32707-5382

TITLE Eugene Fetter ☐ Change ☒ Addition
NAME
STREET ADDRESS 315 E. Robinson St, Ste 570
CITY-ST-ZIP Orlando, FL 32801

TITLE PE ☐ Delete
NAME PATTERSON, RICHARD
STREET ADDRESS 853 SEMORAN BLVD, STE #133
CITY-ST-ZIP CASSELBERRY FL 32707-5382

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

TITLE STD ☐ Delete
NAME NYSTROM, WANE
STREET ADDRESS 853 SEMORAN BLVD, STE #133
CITY-ST-ZIP CASSELBERRY FL 32707-5382

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-31-2000 407
767 0200