

NON PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90433 048 ****61.25

DOCUMENT # 707760

1. Entity Name

CENTRAL FLORIDA SOCIETY OF FINANCIAL SERVICE PROFES

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1011 Alberta Street

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 522194

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Longwood, FL

City & State
Longwood, FL

4. FEI Number
59-2530031

Applied For
Not Applicable

Zip
32750

Country
Seminole

Zip
32752-2194

Country
Seminole

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent

Earl R. Adams

Street Address (P.O. Box Number is Not Acceptable)

1011 Alberta Street

City Longwood, FL Zip Code 32750

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

Earl R. Adams, Executive Director

April 26, 2002

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

(NOTE: Registered Agent signature required when re-registering)

DATE

FEE IS \$61.25

Initial or Amended UBR

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

TITLE P/D
NAME Eugene Fetter
STREET ADDRESS 315 E. Robinson St., Ste. 570
CITY-ST-ZIP Orlando, FL 32801

TITLE V/D
NAME Jonathan Baety
STREET ADDRESS 450 S. Orange Ave., Ste. 600
CITY-ST-ZIP Orlando, FL 32801

TITLE V/D
NAME Kenneth H. Dinklage
STREET ADDRESS 1331 N. Mills Ave.
CITY-ST-ZIP Orlando, FL 32803

TITLE S/T/D
NAME George Janas
STREET ADDRESS 222 S. Pennsylvania Ave.
CITY-ST-ZIP Winter Park, FL 32789

TITLE D
NAME Lori Egana
STREET ADDRESS 1900 Summit Tower Blvd., Ste. 240
CITY-ST-ZIP Orlando, FL 32810

TITLE M/D
NAME Earl R. Adams
STREET ADDRESS 1011 Alberta Street
CITY-ST-ZIP Longwood, FL 32750

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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 on an attachment with an address, with all other like empowered.