

2000 UNIFORM BUSINESS REPORT (UBR)

102

DOCUMENT # 721315

1. Entity Name

CONWAY RECREATION PARK, INC.

FILED
00 AUG 11 AM 8:00

SECRETARY OF STATE
TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
4400 KENNEDY AVE
ORLANDO FL 32812
US

Mailing Address
P O BOX 561253
ORLANDO FL 32856-8253

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 560294
Suite, Apt. #, etc.

City & State
Orlando FL

4. FEI Number
59-1365048

Applied For
Not Applicable

Zip
32856-0294

Country
USA

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

6. Name and Address of Current Registered Agent
BACHAND, BRUCE G
3130 GREAT OAKS LANE
ORLANDO FL 32806

7. Name and Address of New Registered Agent
Name
Terrie French
Street Address (P.O. Box Number is Not Acceptable)
4624 Ternstone Ave
City
Orlando FL 32812

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 *Terrie French* DATE 8-2-00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25
After September 13, 2000 min. will be \$236.25

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHALEY, GARY 4731 PINELLAS DR ORLANDO FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BACHAND, BRUCE G. 3130 GREAT OAKS LANE ORLANDO FL 32806 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WIELAND, GLEN D 3309 RAEFORD RD ORLANDO FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PITTMAN, DON 2705 RAEFORD CT. ORLANDO FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ROME, ALAN 4439 SEAWATER DR ORLANDO FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WATWOOD, ANGIE 2709 GLENDORA DR ORLANDO FL <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Dave Foscett 3118 Illingworth Ave Orlando FL 32806 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	NPD Don Dellefave 4354 St. Brides Ct Orlando FL 32806 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Mike Johnson 3303 Fox Hollow Dr Orlando FL 32829 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Terrie French 4624 Ternstone Ave Orlando FL 32812 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Heather Childress 4949 Reginald Rd Orlando FL 32829 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D 7000033698 -08/23/00--01080--016 *****96.25 *****96.25 RE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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 another like empowered.

SIGNATURE: *Terrie French* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date 8-2-00 Daytime Phone # 407-277-8730

CR2E037 (5/00)

2012

Additional Directors

Add: D

Tom Andrezzi
4138 Gulfstream Bay Way
Orlando FL 32822

Add: D

Maria Gutierrez
3726 Gatlin Ridge Dr.
Orlando FL 32812

Add: D

Carla Barrows
2134 Monastery Circle
Orlando FL 32822