2000 UNIFORM BUSINESS REPORT (UBK)

FILED DOCUMENT # **728898** Jun 05, 2000 8:00 am 1. Entity Name CENTRAL FLORIDA YOUNG MEN'S CHRISTIAN ASSOCIATIO **Secretary of State** 06-05-2000 90011 015 ****61.25 Principal Place of Business Mailing Address 433 N MILLS AVE. 433 N MILLS AVE. ORLANDO FL 32803 ORLANDO FL 32803-5721 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 59-0624430 Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) FERBER, JAMES W 433 N MILLS AVE. ORLANDO FL 32803 City 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** (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be \Box Trust Fund Contribution. FEE IS \$61,25 Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. VICE-CHAIR PD Change **⊠** Addition TITLE ☐ Delete TITLE NAME NAME OTIS, C WARLICK, THOMAS STREET ADDRESS STREET ADDRESS 316 E. P.NE ST. 5900 LAKE ELLENOR DR CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32809 DRIANDO, FL 32801 Change ☐ Addition TITLE TD ☐ Delete TITI F NAME NAME Webb, John 1312 Country LANE STREET ADDRESS STREET ADDRESS 545 DELANEY AVE CITY-ST-ZIP CITY-ST-7/P ORLANDO_FL <u> Delgado - El 32804</u> Change Change ☐ Addition VD Delete TITLE CHAIRMAN TITLE Jones, Phil NAME JONES, P NAME 1630 LAKESIDE DR. STREET ADDRESS STREET ADDRESS 340 N PRIMROSE DR CITY-ST-7IP CITY-ST-ZIP ORLANDO FL 32751 Dalando, FL 32803 SD TITLE SECRETARY ☐ Change Addition TITLE ■ Delete NAME DECARLO, D NAME MARTINEZ, RAFAEL STREET ADDRESS STREET ADDRESS 7380 SAND LAKE RD., STE 230 LOG E. CENTRAL BLVD CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL DALANDO FL 32801 TITLE ٧D ☐ Delete TITLE Change Addition CARUSO, C NAME NAME STREET ADDRESS STREET ADDRESS 738 HARDMAN DR CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32806 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME BAILES, C NAME STREET ADDRESS STREET ADDRESS 8989 S ORANGE AVE CITY-ST-ZIP 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:

MANURED SIGNATURE OF SIGNING OFFICER OR DIRECTOR

5/2/00

407-896-8120

Daytime Phone #