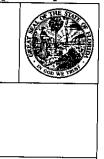
2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 730231

1. Entity Name

CENTRAL FLORIDA CULTURAL ENDEAVORS, INC.



FILED Jan 17, 2003 8:00 am § Secretary of State

01-17-2003 90085 010 ****61.25

| 901 6TH ST 901 DAYTONA BCH FL 32117 DAY US US | | Mailing Address 901 6TH ST DAYTONA BCH FL 32117 US | | | 1771 22710 110 22 14101 1724 81 | 9000 | | |
|--|--|---|--|---|---|-------------|--------------------|------|
| | | 3. Mailing Address | Mailing Address | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | Suite, Apt. #, etc. | | ☐ CHECK HERE IF MAKING CHANGES | | | |
| City & State | | City & State | | 4. FEI Number 23-7384704 Applied For | | | | 7 |
| Zip | Country | Zip | Country | 5. Certificate of St. | atus Desired | \$8.75 A | | |
| | 6Name and Address of Current F | legistered Agent | | 7 - Nome and Add | THE WARE TO THE | | reu | _ |
| VENDA | | | Name | 7. Name and Add | ress of New Register | red Agent | | |
| CHIEF I | LL, DAVID R FINANCIAL OFFIER | | Street Addres | dress (P.O. Box Number is Not Acceptable) | | | | 1 |
| | (TH STREET NA BEACH FL 32117 | | li . | | | | | 1 |
| | /e named entity submits this statement for alions of registered agent. | | City | | ı i | Zip Co | | 1 |
| SIGNATURE | Signature, typed or printed name of registered agent an FILE NOW: FEE IS \$61.25 | Registered Agent signature requirements and agent signature requirements and agent signature requirements are signature requirements. | \$5.00 May Be Added to Fees | Make Ch Florida Dep | eck Payable eartment of | to State | | |
| 10. | OFFICERS AND DIRE | CTORS | 11. | ~ADDITIONS/CHANGE | S TO DEELCEDS AND | DIRECTORS | 140 | 4 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD DAVIDSON, MARC L. 901 6TH ST DAYTONA BCH, FL 00000 32117 | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | *ADDITIONS/CHANGE | S TO OFFICERS AND | ☐ Change | N 10 ☐ Addition | 1000 |
| NAME STREET ADDRESS CITY-ST-ZIP | DAYTONA BCH, FL 00000 32117 | ☐ Delete | TITLE NAME STREET ADDRESS City-St-Zip ==================================== | ر مانچين چې دره ومتفاسيت | | ☐ Change | ☐ Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TASD KANEY, GEORGIA M. 901 6TH ST DAYTONA BCH, FL 00000 32117 | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | ☐ Change | ☐ Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD TRUILO, JULIA DAVIDSON 901 SIXTH ST DAYTONA BCH FL 32117 | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | ☐ Change | Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Delete | TITLE NAME STREET ADDRESS | | | Change | ☐ Addition | i |
| TITLE | | | CITY-ST-ZIP | | | | ļ | |

12. I hereby certify that the information supplied with this filling 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 by 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 tostee empowered of execute this upon the same legal effect as if made under oath; that I am an officer or director changed, or on an attachment with an address of the other like and ownered.

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

☐ Delete

SIGNATURE:

NAME

STREET ADDRESS

☐ Change

☐ Addition