

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 24, 2001 8:00 am**  
**Secretary of State**

04-24-2001 90272 026 \*\*\*\*61.25

**DOCUMENT # 732344**

1. Entity Name

**THE CENTRAL FLORIDA CHAPTER OF THE NATIONAL RAIL**

Principal Place of Business

101 S. BOYD ST.  
 WINTER GARDEN FL 34787-3500

Mailing Address

101 S. BOYD ST.  
 WINTER GARDEN FL 34787-3500

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 **51-0141519**

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

Name

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

City

**FL**

Zip Code

**SHOEMAKER, JAMES E**  
**4805 OAKBROKE PL**  
**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEES 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	V	<input type="checkbox"/> Delete
NAME	PFEIFFER, AL	
STREET ADDRESS	2948 WINDLE LN	
CITY-ST-ZIP	SOUTH DAYTONA BEACH FL 32119	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SHARP, AL	
STREET ADDRESS	2721 HARGIL DR	
CITY-ST-ZIP	ORLANDO FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	SHOEMAKER, JAMES E	
STREET ADDRESS	4805 OAKBROOKE PL	
CITY-ST-ZIP	ORLANDO FL 32812	
TITLE	T	<input type="checkbox"/> Delete
NAME	RHEA, DAVID	
STREET ADDRESS	908 CENTER ST.	
CITY-ST-ZIP	OCOOEE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MURDOCK, ROBERT K	
STREET ADDRESS	1227 MARCASTLE AVENUE	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	HURT, CLARANCE	
STREET ADDRESS	810 WINDERGROVE LN	
CITY-ST-ZIP	OCOOEE FL 34761	

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DEARMIN, JEFF	
STREET ADDRESS	1427 Bryn Mawr St.	
CITY-ST-ZIP	ORLANDO, FL 32804	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*James E. Shoemaker*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-22-2001

407.244.8779

Date

Daytime Phone #

CR2E037 (10/00)