

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90143 027 ****61.25

DOCUMENT # 733240

1. Entity Name

CENTRAL FLORIDA BUILDERS' EXCHANGE

Principal Place of Business

Mailing Address

340 N WYMORE ROAD
 WINTER PARK FL 32789-2855
 US

340 N WYMORE ROAD
 WINTER PARK FL 32789-2823
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-0529122

Applied For

Not Applicable

Zip

Country

Zip

Country

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

LARSON, TRUDI
340 NORTH WYMORE RD
WINTER PARK FL 32789

Name

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

City

FL

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE 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 ☐ Delete
 NAME **P**
 STREET ADDRESS **LARSON, TRUDI**
 CITY-ST-ZIP **340 N WYMORE RD**
WINTER PARK FL

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☒ Delete
 NAME **TD**
 STREET ADDRESS **PRYOR, FRED**
 CITY-ST-ZIP **135 W CENTRAL BLVD STE 400**
ORLANDO FL

TITLE ☐ Change ☒ Addition
 NAME **TD**
 STREET ADDRESS **BILL FINFROCK**
 CITY-ST-ZIP **2400 APOPKA BLVD**
APOPKA FL 32703

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **WILKINS, GAYDEN**
 CITY-ST-ZIP **231 W GORE ST**
ORLANDO FL 32802

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **CD**
 STREET ADDRESS **WALSH, BRIAN**
 CITY-ST-ZIP **585 TECHNOLOGY PARK STE 100**
LAKE MARY FL 32746

TITLE ☐ Change ☐ Addition
 NAME **D**
 STREET ADDRESS **BRIAN WALSH**
 CITY-ST-ZIP **585 TECHNOLOGY PARK STE 100**
LK. MARY FL 32746

TITLE ☐ Delete
 NAME **VD**
 STREET ADDRESS **JACKSON, JIM**
 CITY-ST-ZIP **2637 MERCY DR**
ORLANDO FL 32808

TITLE ☐ Change ☒ Addition
 NAME **CD**
 STREET ADDRESS **JACKSON, JIM**
 CITY-ST-ZIP **2637 MERCY DR**
ORLANDO, FL 32808

TITLE ☐ Delete
 NAME **S**
 STREET ADDRESS **SPECHT, CARL**
 CITY-ST-ZIP **3333 LAWRENCE SR**
ORLANDO FL 32805

TITLE ☐ Change ☐ 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:

Trudi Larson President/Trudi Larson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-2500

(407)

629-2411

CR2E037 (9/99)