

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 741228

1. Entity Name

CENTRAL FLORIDA ASTRONOMICAL SOCIETY, INC.

FILED
Apr 29, 2000 8:00 am
Secretary of State

04-29-2000 90007 029 ****61.25

Principal Place of Business PO BOX 1346 GOLDENROD FL 32733-1346 US	Mailing Address PO BOX 1346 GOLDENROD FL 32733-1346 US
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2. Principal Place of Business Suite, Apt. #, etc. PO BOX 917701	3. Mailing Address Suite, Apt. #, etc. PO BOX 917701
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City & State LONGWOOD, FL	City & State LONGWOOD, FL	4. FEI Number 59-1820784	Applied For Not Applicable
Zip 32791-7701	Country USA	Zip 32791-7701	Country USA



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

LEE, ELAINE E.
414 GREYFORD LANE
CASSELBERRY FL 32707

7. Name and Address of New Registered Agent

Name
ALAN M. HOFFBERG

Street Address (P.O. Box Number is Not Acceptable)
414 TWISTING PINE CIR

City
LONGWOOD FL Zip
32779

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 04/20/2000

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
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PICKMAN, ROBERT D 9783 LAKE GEORGIA DR ORLANDO FL	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HOIN, ERIC 1427 ROSCOE DR KISSIMMEE FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LEE, ELAINE E. 414 GREYFORD LANE CASSELBERRY FL	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FINNIGAN, CHARLES W. 9845 LAKE GEORGIA DRIVE ORLANDO FL	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DAVID E. HEARN 421 E. GORE ST ORLANDO, FL 32806-1374	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1001 CATHERINE ST KISSIMMEE FL 32741	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MICHELLE LEE 2824 DELCREST DR ORLANDO FL 32817	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ALAN M. HOFFBERG 414 TWISTING PINE CIR LONGWOOD, FL 32779-2634	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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 all other like empowered.

SIGNATURE: 04/20/2000 407-869-6900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)