

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2000 8:00 am
Secretary of State

02-21-2000 90013 041 ****61.25

DOCUMENT # 747650

Entity Name

CPR FOR CITIZENS OF EAST CENTRAL FLORIDA, INC.

Principal Place of Business

Mailing Address

NATHAN OTT
PARM FL 32792

PO BOX 4955
WINTER PARK FL 32793-4955

010000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

2424 FIFESHIRE DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

WINTER PARK FL

FL

Zip

Country

Zip

Country

32792

USA

4. FEI Number

59-1917913

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

MCGARITY, RICHARD
2424 FIFESHIRE DR
WINTER PARK FL 32792

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	PDT	<input type="checkbox"/> Delete
NAME	MCGARITY, RICK	
STREET ADDRESS	2424 FIFESHIRE DR	
CITY-ST-ZIP	WINTER PARK FL 32792	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	MEADORS, TODD	
STREET ADDRESS	4728 OLD WINTER GARDEN PL	
CITY-ST-ZIP	ORLANDO FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BRACEWELL, CHARLES	
STREET ADDRESS	441 S DEERFIELD	
CITY-ST-ZIP	ORLANDO FL 32825	
TITLE	D	<input type="checkbox"/> Delete
NAME	CRAMER, STEVE	
STREET ADDRESS	256 KETTLE COURT	
CITY-ST-ZIP	CASSELBERRY FL 32707	
TITLE	D	<input type="checkbox"/> Delete
NAME	WALKER, JEF	
STREET ADDRESS	7121 NATHAN COURT	
CITY-ST-ZIP	WINTER PARK FL 32792	
TITLE		<input type="checkbox"/> Delete
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
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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:

Richard McGarity President 2/15/00 629-5183 (407)

CR2E037 (9/99)