## 2002 UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT # 747650**

1. Entity Name

## CPR FOR CITIZENS OF EAST CENTRAL FLORIDA, INC.

2424 FIFESHIRE DR WINTER PARK FL 32792

Principal Place of Business

Mailing Address

PO BOX 4955 WINTER PARK FL 32793-4955

FILED Jul 14, 2002 8:00 am Secretary of State

07-14-2002 90050 021 \*\*\*\*61.25

2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1917913 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 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) MCGARITY, RICHARD 2424 FIFESHIRE DR WINTER PARK FL 32792 City Zip Code ď 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 9. Election Campaign Financing **FILE NOW: FEE IS \$61.25** \$5.00 May Be Make Check Payable to Trust Fund Contribution. Added to Fees **Department of State** 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 PDT TITLE ☐ Delete TITLE ☐ Change ☐ Addition MCGARITY, RICK NAME NAME STREET ADDRESS 2424 FIFESHIRE DR STREET ADDRESS CITY-ST-ZIP WINTER PARK FL 32792 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME MEADORS, TODD NAME STREET ADDRESS 4728 OLD WINTER GARDEN PL STREET ADDRESS CITY-ST-ZIP <u>Orlando</u> fl CITY-ST-7IP TITLE SD ☐ Delete TITLE Addition ☐ Change NAME BRACEWELL, CHARLES NAME STREET ADDRESS 441 S DEERFIELD STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32825 CITY-ST-ZIP

CITY-ST-7/P CITY-ST-ZIP 12. Thereby 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

TITLE

NAME

TITLE

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

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NAME STREET ADDRESS

TITLE

STREET ADDRESS

D

CITY-ST-7IF

CITY-ST-ZIP

STREET ADDRESS

CRAMER, STEVE

256 KETFLE COURT

WALKER, JEF

GASSELBERRY FL 32707

7121 NATHAN COURT

WINTER PARK FL 32792

SIGNATURE AND TYPED OR PRINTED NAME OF

all other like empow

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Addition

Addition

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