

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 748652

1. Entity Name

CENTRAL FLORIDA DARTS ASSOCIATION, INC.

Principal Place of Business

P.O. BOX 4023
WINTER PARK FL 32793

Mailing Address

P.O. BOX 4023
WINTER PARK FL 32793

2. Principal Place of Business

3. Mailing Address

P.O. Box 2244
Suite, Apt. #, etc.

P.O. Box 2244
Suite, Apt. #, etc.

City & State

GOLDEN ROD FL

City & State

GOLDEN ROD FL

Zip

32733

Country

USA

Zip

32733

Country

USA

6. Name and Address of Current Registered Agent

ROTH, MARY G
665 JAMESTOWN BLVD
#1071
ALTAMONTE SPRINGS FL 32714

REINSTATEMENT

4. FEI Number

59-2385141

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

Name

COREY L. HOLM

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

321 LIVE OAK BLVD

City

SANFORD

FL

Zip Code

32773

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

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

COREY L. HOLM PRESIDENT

4/19/02

(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 NAME STREET ADDRESS CITY-ST-ZIP	PD VENABLE, MARK 603 LAKEHAVEN CIRCLE ORLANDO FL 32828	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WALL, JOHN 7812 RICHWOOD DR ORLANDO FL 32825	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GRONLI, EDA 1821 WHITNEY WAY #101 WINTER PARK FL 32792	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ROTH, MARY G 665 JAMESTOWN BLVD #1071 ALTAMONTE SPRINGS FL 32714	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COREY L. HOLM 321 LIVE OAK BLVD SANFORD FL 32773	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Rachelle L. Hutchings 1700 Woodbury Rd. Apt #802 Orlando, FL 32828	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD YVETTE F. DRAKE 1000 NODDING PINES WY CASSEL BERRY FL 32707	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ROYSTON WILLIAMS 410 SCORE LANE KISSIMMEE FL 34759	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Cy Z...
COREY HOLM

4/19/02 (407) 592-9269

CR2E037 (10/00)