

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 759035

1. Entity Name

CENTRAL FLORIDA FLYRODDERS, INC.

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

05-21-2000 90006 028 ****61.25

Principal Place of Business
315 E. NEW ENGLAND AVE.
P.O. BOX 940
WINTER PARK FL 32789

Mailing Address
315 E. NEW ENGLAND AVE.
P.O. BOX 940
WINTER PARK FL 32789-4401

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1950284

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

FRANCESCHINA, GORDON
315 EAST NEW ENGLAND AVENUE
WINTER PARK FL

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 PD ☐ Delete
NAME BARSON, DAVID
STREET ADDRESS 3371 SANDY SHORE LANE
CITY-ST-ZIP KISSIMMEE FL 34743

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

TITLE V ☒ Delete
NAME DONOGHUE, DONALD
STREET ADDRESS 2125 HOFFNER AVE
CITY-ST-ZIP ORLANDO FL 32809

TITLE V ☐ Change ☒ Addition
NAME Jack Phillips
STREET ADDRESS 930 Lakeside Dr.
CITY-ST-ZIP APOKA, FL 32712

TITLE V ☒ Delete
NAME PARTRIDGE, GEORGE
STREET ADDRESS 5307 JADE CIRCLE
CITY-ST-ZIP ORLANDO FL 32812

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

TITLE T ☐ Delete
NAME RHODES, JOSEPH
STREET ADDRESS 5015 LOUVRE AVE.
CITY-ST-ZIP ORLANDO FL

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

TITLE ST ☒ Delete
NAME SHARPE, MIKE
STREET ADDRESS 1257 CROSSFIELD DR
CITY-ST-ZIP APOKA FL 32703

TITLE ☐ Change ☒ Addition
NAME ~~STEFAN OSBORN~~
STREET ADDRESS Jerry Osborn
CITY-ST-ZIP 1012 Pegel Court
OViedo, FL 32765

TITLE D ☐ Delete
NAME WARREN, EARL
STREET ADDRESS 4602 HAYLOCK DR
CITY-ST-ZIP ORLANDO FL 32807

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:

Joseph H. Rhodes
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 6, 2000 (407)855-0669

Date

Daytime Phone #

CR2E037 (9/99)