

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 759035

1. Entity Name

CENTRAL FLORIDA FLYRODDERS, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 JUL 18 PM 1:19

Principal Place of Business

Mailing Address

315 E. NEW ENGLAND AVE.
P.O. BOX 940
WINTER PARK FL 32789

315 E. NEW ENGLAND AVE.
P.O. BOX 940
WINTER PARK FL 32789

2. Principal Place of Business

3. Mailing Address

10629 Stradford Row

10629 Stradford Row

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Orlando, FL

City & State

Orlando, FL

Zip

32817

Country

US

Zip

32817

Country

US

DO NOT WRITE IN THIS SPACE

05-16-01 90191 038 \$61.25
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
NAME BARSON, DAVID ☐ Delete
STREET ADDRESS 3371 SANDY SHORE LANE
CITY-ST-ZIP KISSIMMEE FL 34743

TITLE ~~PST~~
NAME Rhodes, Joseph ☒ Change ☐ Addition
STREET ADDRESS 5015 LOUVRE AVE.
CITY-ST-ZIP Orlando, FL 32812

TITLE V
NAME DONOGHUE, DONALD ☒ Delete
STREET ADDRESS 2125 HOFFNER AVE
CITY-ST-ZIP ORLANDO FL 32309

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

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

TITLE V
NAME Warren, Earl ☒ Change ☐ Addition
STREET ADDRESS 4602 Haylock Dr.
CITY-ST-ZIP Orlando, FL 32807

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

TITLE T
NAME Wild, Susan ☐ Change ☒ Addition
STREET ADDRESS 10629 Stradford Row
CITY-ST-ZIP Orlando, FL 32817

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

TITLE SFD
NAME Osborn, Jared ☐ Change ☒ Addition
STREET ADDRESS 1012 PEGEL COURT
CITY-ST-ZIP ORLANDO, FL 32765

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

TITLE D
NAME Barson David ☒ Change ☐ Addition
STREET ADDRESS 3371 Sandy Shore Lane
CITY-ST-ZIP KISSIMMEE, FL 34743

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:

Susan Wild SUSAN L. WILD

4/26/01

407-620-8593