

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 761349

1. Entity Name

CENTRAL FLORIDA DEPRESSION ERA GLASS CLUB, INC.

**FILED**  
**Apr 19, 2000 8:00 am**  
**Secretary of State**

04-19-2000 90110 040 \*\*\*\*61.25

Principal Place of Business

Mailing Address

853 S ORLANDO AVE  
WINTER PK FL 32789  
US

853 S ORLANDO AVE  
WINTER PK FL 32789-4846  
US

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

58-1882108

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

HERSHONE, SHERRIE  
853 S ORLANDO AVE  
WINTER PK FL 32789

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 ☐ Delete  
NAME P  
STREET ADDRESS LIMA, MANNIE  
CITY-ST-ZIP 850 CALAFUT CT  
OVIEDO FL

TITLE ☒ Change ☐ Addition  
NAME Vice President  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Delete  
NAME S  
STREET ADDRESS ARENS, MATHEW  
CITY-ST-ZIP 112 OLD HICKORY CT  
LONGWOOD FL

TITLE ☒ Change ☐ Addition  
NAME Secretary  
STREET ADDRESS Joyce Singrossi  
CITY-ST-ZIP 1075 Lake Rogers Circle  
Oviedo, FL 32765

TITLE ☐ Delete  
NAME D-  
STREET ADDRESS PURYEY, NELSON J  
CITY-ST-ZIP 3701 IBIS DR  
ORLANDO FL 32803

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

TITLE ☐ Delete  
NAME T  
STREET ADDRESS HERSHONE, SHERRIE  
CITY-ST-ZIP 853 S ORLANDO AVE  
WINTER PK FL 32789

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

TITLE ☐ Delete  
NAME D  
STREET ADDRESS HERSHONE, BARRY  
CITY-ST-ZIP 853 S ORLANDO AVE  
WINTER PK FL 32789

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

TITLE ☒ Delete  
NAME D  
STREET ADDRESS CHARTERS, LYNDIA L  
CITY-ST-ZIP 2343 SPGS LANDING BLVD  
LONGWOOD FL 32779

TITLE ☐ Change ☐ Addition  
NAME Linda Purvey  
STREET ADDRESS 3701 Ibis Drive  
CITY-ST-ZIP Orlando, FL 32803

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)