

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Mar 21, 2001 8:00 am**
Secretary of State

03-21-2001 90023 037 ****61.25

DOCUMENT # 761349

1. Entity Name

CENTRAL FLORIDA DEPRESSION ERA GLASS CLUB, INC.

Principal Place of Business

**853 S ORLANDO AVE
WINTER PK FL 32789
US**

Mailing Address

**853 S ORLANDO AVE
WINTER PK FL 32789
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 reinstalling)

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	VP	<input checked="" type="checkbox"/> Delete
NAME	LIMA, MANNIE	
STREET ADDRESS	850 CALAFUT CT	
CITY-ST-ZIP	OVIEDO FL	

TITLE	Vernon Schmid Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	5718 Rocking Horse Rd	
STREET ADDRESS	Orlando, FL 32817	
CITY-ST-ZIP		

TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	SINGROSSI, JOYCE	
STREET ADDRESS	1075 LAKE ROGERS CIRCLE	
CITY-ST-ZIP	OVIEDO FL 32765	

TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Matthew Areas	
STREET ADDRESS	112 Old Hickory Court	
CITY-ST-ZIP	Longwood, FL 32750	

TITLE	P	<input type="checkbox"/> Delete
NAME	PURYEY, NELSON J	
STREET ADDRESS	3701 IBIS DR	
CITY-ST-ZIP	ORLANDO FL 32803	

TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	T	<input type="checkbox"/> Delete
NAME	HERSHONE, SHERRIE	
STREET ADDRESS	853 S ORLANDO AVE	
CITY-ST-ZIP	WINTER PK FL 32789	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	HERSHONE, BARRY	
STREET ADDRESS	853 S ORLANDO AVE	
CITY-ST-ZIP	WINTER PK FL 32789	

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PURYEY, LINDA	
STREET ADDRESS	3701 IBIS DRIVE	
CITY-ST-ZIP	ORLANDO FL 32803	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)