

**DOCUMENT # 765628**

1. Entity Name

**CENTRAL FLORIDA PLEASURE DIVERS, INC.****FILED**  
**Feb 27, 2000 8:00 am**  
**Secretary of State**

02-27-2000 90001 007 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
P O BOX 53689 ORLANDO FL 32853 US	P O BOX 53689 ORLANDO FL 32853 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country

4. FEI Number	Applied For
59-2452485	<input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	

6. Name and Address of Current Registered Agent
GREENWELL, EDMUND S 2770 BLACK HAMMOCK RD OVIEDO FL 32765

7. Name and Address of New Registered Agent
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]  
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. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS	
TITLE	D <input type="checkbox"/> Delete
NAME	WASELL, TOM
STREET ADDRESS	4136 WATERVIEW LOOP
CITY-ST-ZIP	WINTER PARK FL 32792
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	MAJOWITZ, ANDY
STREET ADDRESS	4500 SAIL BREEZE COURT
CITY-ST-ZIP	ORLANDO FL 32810
TITLE	VP <input checked="" type="checkbox"/> Delete
NAME	ROUCH, BRUCE
STREET ADDRESS	10525 BUCK RD
CITY-ST-ZIP	ORLANDO FL 32817
TITLE	VP <input checked="" type="checkbox"/> Delete
NAME	ZOECKLEIN, DON
STREET ADDRESS	4455 WILLACREEK DR, #111
CITY-ST-ZIP	WINTER SPRINGS FL 32708
TITLE	TD <input checked="" type="checkbox"/> Delete
NAME	WASELL, TOM
STREET ADDRESS	4136 WATERVIEW LOOP
CITY-ST-ZIP	WINTER HAVEN FL
TITLE	SD <input checked="" type="checkbox"/> Delete
NAME	FUNDERBURKE, SANDY
STREET ADDRESS	126 LAGO VISTA BLVD
CITY-ST-ZIP	CASSELBERRY FL 32707

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOM WASELL
STREET ADDRESS	4136 WATERVIEW LOOP
CITY-ST-ZIP	WINTER PARK FL 32792
TITLE	<del>Bill Storma</del> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BILL STORMA
STREET ADDRESS	2812 BLIND OWL DR.
CITY-ST-ZIP	ORLANDO, FL 32822
TITLE	S/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MELAINE KASIK
STREET ADDRESS	2701 TANNERY COURT
CITY-ST-ZIP	ORLANDO, FL
TITLE	T/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MICHAEL CRUSE
STREET ADDRESS	1002 SOLDIER CREEK COURT
CITY-ST-ZIP	OVIEDO, FL 32765
TITLE	V/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DON ZOECKLEIN
STREET ADDRESS	4422 FOXHOLLOW CIRCLE
CITY-ST-ZIP	CASSELBERRY, FL 32707
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] **NOT REQUIRED** 2-20-2000 403-3313100  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)