

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 19, 2001 8:00 am
Secretary of State

03-19-2001 90450 045 *****61.25

DOCUMENT # 765628

1. Entity Name

CENTRAL FLORIDA PLEASURE DIVERS, INC.

Principal Place of Business

P O BOX 53689
 ORLANDO FL 32853
 US

Mailing Address

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

Zip

Country

4. FEI Number

59-2452485

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

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)

450 LONGWOOD HILLS ROAD

City

LONGWOOD

FL

Zip Code

32750

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

TITLE PD
 NAME WASSELL, TOM ☐ Delete
 STREET ADDRESS 4136 WATERVIEW LOOP
 CITY-ST-ZIP WINTER PARK FL 32792

TITLE D
 NAME STORMA, BILL ☒ Delete
 STREET ADDRESS 2812 BLIND OWL DR
 CITY-ST-ZIP ORLANDO FL 32822

TITLE SD
 NAME KASIK, MELAINE ☒ Delete
 STREET ADDRESS 2701 TANNERY COURT
 CITY-ST-ZIP ORLANDO FL 32817

TITLE TD
 NAME CRUSE, MICHAEL ☐ Delete
 STREET ADDRESS 1002 SOLDIER CREEK COURT
 CITY-ST-ZIP OVIEDO FL 32765

TITLE VD
 NAME ZOECKLEIN, DON ☐ Delete
 STREET ADDRESS 4422 FOX HOLLOW CIRCLE
 CITY-ST-ZIP CASSELBERRY FL 32707

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE V D
 NAME CHRIS MERENDA ☐ Change ☒ Addition
 STREET ADDRESS 16033 KEALAN CIRCLE
 CITY-ST-ZIP MONTEVERDE FL 34756

TITLE SD
 NAME ED LANGSTON ☐ Change ☒ Addition
 STREET ADDRESS 301 PINEWILD CT.
 CITY-ST-ZIP ORLANDO FL 32828

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

TITLE D
 NAME ZOECKLEIN, DON ☒ Change ☐ Addition
 STREET ADDRESS 4422 FOX HOLLOW CIRCLE
 CITY-ST-ZIP CASSELBERRY FL 32707

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:

MICHAEL A CRUSE
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHAEL A CRUSE 2-19-01 407-331-3100
 Date Daytime Phone #

CR2E037 (10/00)