

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 768555

1. Entity Name, **CENTRAL FLORIDA EQUIPMENT RENTAL ASSOCIATION, IN**

Principal Place of Business

Mailing Address

2920 E ROBINSON  
ORLANDO FL 32803  
US

2920 E ROBINSON  
ORLANDO FL 32803-5830  
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

59-2458535

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

LAUBACH, TIMOTHY C.  
600 N. HIGHLAND AVE. SUITE 204  
ORLANDO FL 32803

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 SETTLE, ROBERT R**  
STREET ADDRESS **2920 E ROBINSON**  
CITY-ST-ZIP **ORLANDO FL**

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

TITLE ☐ Delete  
NAME **V JOHNSON, GARY**  
STREET ADDRESS **3601 HWY 19A**  
CITY-ST-ZIP **MT DORA FL**

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

TITLE ☐ Delete  
NAME **TS SETTLE, BOB**  
STREET ADDRESS **2920 E ROBINSON**  
CITY-ST-ZIP **ORLANDO FL**

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

TITLE ☐ Delete  
NAME **D WHITE, BOB**  
STREET ADDRESS **6444 E COLONIAL DR**  
CITY-ST-ZIP **ORLANDO FL**

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

TITLE ☐ Delete  
NAME **D LASSETER, KEN**  
STREET ADDRESS **2035 BRUTON BLVD**  
CITY-ST-ZIP **WINTER GARDEN FL**

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

TITLE ☐ Delete  
NAME **D CRAMM, JIM**  
STREET ADDRESS **2108 FRANKLIN DR**  
CITY-ST-ZIP **PALM BAY FL**

☐ Change ☐ Addition  
TITLE  
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 OF ROBERT R SETTLE**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED**  
**Jan 21, 2000 8:00 am**  
**Secretary of State**

01-21-2000 90072 005 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)