

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J32083

1. Entity Name

CENTRAL FLORIDA CRUSHERS, INC.

FILED
Apr 27, 2000 8:00 am
Secretary of State

04-27-2000 90031 034 ***150.00

Principal Place of Business

9800 RECYCLE CENTER RD
STE A
ORLANDO FL 32833
US

Mailing Address

9800 RECYCLE CENTER RD
STE A
ORLANDO FL 32824-8150
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2732846**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

DIGERONIMO, ROBERT
9800 RECYCLE CENTER RD, STE A
ORLANDO FL 32833

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	DIGERANIMO, JR VICTOR	
STREET ADDRESS	5720 SCHAAF RD	
CITY-ST-ZIP	INDEPENDENCE OH 44131	
TITLE	ST	<input type="checkbox"/> Delete
NAME	DIGERONIMO, ROBERT	
STREET ADDRESS	5720 SCHAAF RD	
CITY-ST-ZIP	INDEPENDENCE OH 44131	
TITLE	VP	<input type="checkbox"/> Delete
NAME	DIGERONIMO, RICHARD	
STREET ADDRESS	5720 SCHAAF RD	
CITY-ST-ZIP	INDEPENDENCE OH 44131	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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CITY-ST-ZIP		

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

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **X** *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)