

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L46417

1. Entity Name

CENTRAL FLORIDA H.A.N.D.S. REALTY, INC.

Principal Place of Business

2211 EAST HILLCREST STREET  
ORLANDO FL 32803  
US

Mailing Address

2211 EAST HILLCREST STREET  
ORLANDO FL 32803-4905  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CHITWOOD, STEVEN L  
2116 EAST 4TH STREET  
ORLANDO FL 32804

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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	P	CHITWOOD, STEVEN	2116 EAST 4TH STREET ORLANDO FL 32804				
	ST	GONZALEZ, ERNESTO	108 WYMORE ROAD WINTER PARK FL				
	V	MAXSABETI, MANSOUR	4063 N GOLDENROD RD #208 WINTER PARK FL 32792				
	D	DYE, A. RICHARD	861 DOUGLAS AVENUE ALTAMONTE SPRINGS FL				
	D	FEE, ROGER	750 S ORLANDO AVE #202 WINTER PARK FL 32789				

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/00

(407) 896-0025 x318

Date

Daytime Phone #

**FILED**  
**May 15, 2000 8:00 am**  
**Secretary of State**

05-15-2000 90243 023 \*\*\*158.75



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3051873

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

CR2E034 (9/99)