

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 24, 2001 8:00 am
Secretary of State

07-24-2001 90020 032 ****61.25

DOCUMENT # N00000000090

1. Entity Name

CENTRAL FLORIDA L.O.C., INC.

Principal Place of Business

**8701 MAITLAND SUMMITT BLVD.
 ORLANDO FL 32810**

Mailing Address

**POST OFFICE BOX 940725
 MAITLAND FL 32794-0725**

U0059319



DO NOT WRITE IN THIS SPACE

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

91-213374

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

**WALKER, BERRY J JR.
 235 MAITLAND AVENUE SOUTH
 SUITE 218
 MAITLAND FL 32751**

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
 After September 12, 2001, min. will be \$236.25**

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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**PD
 MARTINEZ, SANDRA
 8031 LESIA CIRCLE
 ORLANDO FL 32835** ☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**CHUCK FRIEDMAN
 234 IBIS RD.
 LONGWOOD, FL 32779 (PRES.)** ☐ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**VD
 MATTHEWS, KATHERINE
 312 MERIE OAKS ROAD
 WINTER PARK FL 32792** ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**TD
 ARNEMANN, JAMES
 5108 CURBSIDE DRIVE
 LONGWOOD FL 32779** ☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**JAMES ARNEMANN
 5021 SWEET LEAF CT. (TREAS.)
 ALTAMONTE SPRINGS, FL 32714** ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**SD
 SMITH, KRISTIE
 706 SEAGULL AVENUE
 ALTAMONTE SPRINGS FL 32701** ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

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

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: **JAMES ARNEMANN**
SECRETARY OF STATE (TREAS.)

7-23-01

407-896-0594 WK

407-521-5767 NMA

CR2E037 (5/01)