

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000006592

1. Entity Name

CENTRAL FLORIDA ECONOMIC DEVELOPMENT CORPORATION

Principal Place of Business

Mailing Address

5235 HOFFNER RD.
ORLANDO FL 32812

5235 HOFFNER RD.
ORLANDO FL 32812

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

59-3674632

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

DESTEFANO, JOHN
5235 HOFFNER RD.
ORLANDO FL 32812

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

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 PD
NAME CHIRONNA, MARK
STREET ADDRESS 8707 SCENIC OAK CT.
CITY-ST-ZIP ORLANDO FL 32836 ☐ Delete

TITLE PD
NAME CHIRONNA, MARK
STREET ADDRESS PMB 360 7112 DR. PHILLIPS BLVD. STE 50
CITY-ST-ZIP ORLANDO, FL 32814-5100 ☒ Change ☐ Addition

TITLE VD
NAME BRUNSON, RICHARD
STREET ADDRESS 3818 GATLIN WOODS DR.
CITY-ST-ZIP ORLANDO FL 32812 ☐ Delete

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

TITLE STD
NAME HARTSFIELD, GLORIA
STREET ADDRESS 14376 COLONIAL GRAND BLVD., UNIT 2310
CITY-ST-ZIP ORLANDO FL 32837 ☒ Delete

TITLE STD
NAME AYUB FLEMING
STREET ADDRESS 1408 CRAWFORD DR.
CITY-ST-ZIP APOPKA, FL 32703 ☒ 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

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: **NOT REQUIRED**

7/17/01

(407) 826-4777

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

07-24-2001 90040 036 ****61.25

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DO NOT WRITE IN THIS SPACE

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