

2002 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

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 ☐ Delete
NAME CHIRONNA, MARK
STREET ADDRESS PMB 360, 7512 DR PHILLIPS BLVD. STE 50
CITY-ST-ZIP ORLANDO FL 32814-5100

TITLE PD ☒ Change ☐ Addition
NAME CHIRONNA, MARK
STREET ADDRESS PMB 360, 7512 DR PHILLIPS BLVD. STE 50
CITY-ST-ZIP ORLANDO, FL 32814-5100

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

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

TITLE STD ☐ Delete
NAME FLEMING, AYUB
STREET ADDRESS 1408 CRAWFORD DRIVE
CITY-ST-ZIP APOPKA FL 32703

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/19/02 (407) 826-4777

Date

Daytime Phone #

CR2E037 (9/01)

0068064

FILED
Mar 31, 2002 8:00 am
Secretary of State

03-31-2002 90367 002 ****61.25



DO NOT WRITE IN THIS SPACE