

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 21, 2002 8:00 am**  
**Secretary of State**

05-21-2002 91124 037 \*\*\*\*61.25

**DOCUMENT # NO1000000605**

1. Entity Name

**CENTRAL FLORIDA ASTHMA CONSORTIUM, INC.**

Principal Place of Business

**1333 W COLONIAL DRIVE  
 ORLANDO FL 32804**

Mailing Address

**1333 W COLONIAL DRIVE  
 ORLANDO FL 32804**

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

**59-3699533**

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

**BERLIN, THOMAS  
 1333 W COLONIAL DRIVE  
 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

**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 **D** ☐ Delete  
 NAME **ALDARONDO, SIGFREDO**  
 STREET ADDRESS **326 MILLS AVE**  
 CITY-ST-ZIP **ORLANDO FL 32803**

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

TITLE **D** ☐ Delete  
 NAME **BERLIN, THOMAS**  
 STREET ADDRESS **2469 TOMMY'S TURN**  
 CITY-ST-ZIP **OVIEDO FL 32766**

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

TITLE **D** ☒ Delete  
 NAME **BROOKS, ANN MARIE**  
 STREET ADDRESS **83 W COLUMBIA ST**  
 CITY-ST-ZIP **ORLANDO FL 32806**

TITLE **D** ☒ Change ☐ Addition  
 NAME **JANICE HOWELL**  
 STREET ADDRESS **83 W. COLUMBIA ST.**  
 CITY-ST-ZIP **ORLANDO, FL 32806**

TITLE **D** ☐ Delete  
 NAME **HUTCHINSON, STEPHANIE**  
 STREET ADDRESS **1333 W COLONIAL DR**  
 CITY-ST-ZIP **ORLANDO FL 32804**

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

TITLE **D** ☐ Delete  
 NAME **MARTINEZ, SANTIAGO**  
 STREET ADDRESS **4063 N GOLDENROD RD STE 1**  
 CITY-ST-ZIP **WINTER PARK FL 32792**

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

TITLE **D** ☒ Delete  
 NAME **STEINKE, PAM**  
 STREET ADDRESS **101 S WESTMORELAND DR**  
 CITY-ST-ZIP **ORLANDO FL 32805**

TITLE **D** ☒ Change ☐ Addition  
 NAME **DEBBY KHALMAN**  
 STREET ADDRESS **8701 MAITLAND SUMMIT BLVD.**  
 CITY-ST-ZIP **ORLANDO, FL 32810**

CR2E037 (9/01)

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 OF THOMAS BERLIN**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/05/2002 407.303.8656**

Date

Daytime Phone #