

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 16, 2002 8:00 am
Secretary of State

04-16-2002 90165 004 ****70.00

DOCUMENT # NO1000007381

1. Entity Name

CENTRAL FLORIDA HEARTS & HOMES, INC.

Principal Place of Business

Mailing Address

507 KISSIMMEE OAKS CT APT 16
KISSIMMEE FL 34741

507 KISSIMMEE OAKS CT APT 16
KISSIMMEE FL 34741

2. Principal Place of Business

3. Mailing Address

P.O. BOX 702496

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

ST. CLOUD, FL

Zip

Country

Zip

Country

34770

4. FEI Number

59-3760352

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

CUMBIE, FRED H JR
100 CHURCH ST
KISSIMMEE FL 34741

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 ☐ Delete
NAME D GRAVES, SUSAN
STREET ADDRESS 1099 SHADY LN
CITY-ST-ZIP KISSIMMEE FL 34744

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

TITLE ☐ Delete
NAME D WOOD, JILL
STREET ADDRESS 507 KISSIMMEE OAKS CT APT 16
CITY-ST-ZIP KISSIMMEE FL 34741

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

TITLE ☐ Delete
NAME D SCHOOLFIELD, DIANNE
STREET ADDRESS 1400 GRANDVIEW BLVD
CITY-ST-ZIP KISSIMMEE FL 34744

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

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TITLE ☐ Delete
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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:

Susan A. Graves
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/15/02 407-932-1512

CR2E037 (9/01)