

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2003 8:00 am
Secretary of State

03-20-2003 90155 047 ****70.00

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1. Entity Name

CENTRAL FLORIDA HEARTS & HOMES, INC.



Principal Place of Business

**507 KISSIMMEE OAKS CT APT 16
KISSIMMEE FL 34741**

Mailing Address

**PO BOX 702496
ST CLOUD FL 34770**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

2350 N. CENTRAL AVE.

Suite, Apt. #, etc.

KISSIMMEE, FL

City & State

Zip

34741

Country

USA

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

**CUMBIE, FRED H JR
100 CHURCH ST
KISSIMMEE FL 34741**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

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

TITLE **D** ☐ Delete
NAME **WOOD, JILL**
STREET ADDRESS **507 KISSIMMEE OAKS CT APT16**
CITY-ST-ZIP **KISSIMMEE FL 34741**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition
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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 Graves

3/18/03 (407) 933-8855

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER, DIRECTOR, OR TRUSTEE

CR2E037 (10/02)