

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

**FILED**  
**Feb 24, 2003 8:00 am**  
**Secretary of State**

02-24-2003 90243 047 \*\*\*\*61.25

**DOCUMENT # N02000001547**

1. Entity Name

**CENTRAL FLORIDA SWAMP DRAGONS, INC.**



Principal Place of Business

**5631 CATSKILL CT.  
WINTER SPRINGS FL 32708**

Mailing Address

**5631 CATSKILL CT.  
WINTER SPRINGS FL 32708**

2. Principal Place of Business

**2380 PINE MEADOWS PL**

3. Mailing Address

**2380 PINE MEADOWS PL**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**CHULUOTA FLORIDA**

City & State

**CHULUOTA FLORIDA**

Zip

**32766**

Country

**USA**

Zip

**32766**

Country

**USA**

4. FEI Number

**32-0012518**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**LEHMKUHL, RICHARD T**

**5631 CATSKILL CT.  
WINTER SPRINGS FL 32708**

7. Name and Address of New Registered Agent

Name

**LEHMKUHL, RICHARD T.**

Street Address (P.O. Box Number is Not Acceptable)

**2380 PINE MEADOWS PL**

City

**CHULUOTA**

FL

Zip Code

**32766**

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 NAME	DP LEHMKUHL, RICHARD T	<input type="checkbox"/> Delete
STREET ADDRESS	5631 CATSKILL CT.	
CITY-ST-ZIP	WINTER SPRINGS FL 32708	
TITLE NAME	DV O'HARE, VICTOR	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	2511 ABALONE BLVD.	
CITY-ST-ZIP	ORLANDO FL 32833	
TITLE NAME	DS LEC, SUSAN	<input type="checkbox"/> Delete
STREET ADDRESS	3832 SANIBEL COVE	
CITY-ST-ZIP	OVIDO FL 32765	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	DP GREGORY R. KINSON	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	339 SPARROW WOOD CT	
CITY-ST-ZIP	LAKE MARY FL 32746	
TITLE NAME	DP LEHMKUHL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	2380 PINE MEADOWS PL	
CITY-ST-ZIP	CHULUOTA, FL 32766	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

CR2E037 (10/02)

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 REQUIRED**

**2/3/03**

**407 616 7593**