## 2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

## DOCUMENT # N03000003961 May 31, 2000 8:00 am 1. Entity Name Secretary of State CENTRAL FLORIDA MUSTANGS, INC. 05-31-2000 90022 016 \*\*\*158.75 Principal Place of Business Mailing Address 221 CANTER CLUB TRAIL 221 CANTER CLUB TRAIL LONGWOOD FL 32779-4506 LONGWOOD FL 32779 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7.- Name and Address of New Registered Agent --6. Name and Address of Current Registered Agent VEECH, R. KENT Street Address (P.O. Box Number is Not Acceptable) 221 CANTER CLUB TRAIL LONGWOOD FL 32779 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 (NOTE: Registered Agent signature required when reinstating) Signature, ped or printed name of registered agent and title if applicable., FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Business Manager R Kent Veech ☐ Addition Change TITLE Delete TITLE NAME 221 conter Club Troil STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP povamand Change ☐ Addition Hosá Coach ☐ Delete TITLE Dirk Main NAME NAME 521 Rita Court STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FL 32725 CITY-ST-ZIP Deltona Piteling Colening Change -☐ Addition Cooch TITLE TITLE Rex Strickland NAME NAME 203 Atherstone Ct STREET ADDRESS STREET ADDRESS orgwood FL 32779 CITY-ST-ZIP CITY-ST-ZIP Bothing Coach ☐ Change ☐ Addition ☐ Delete TITLE TITLE Pete Miccioskey NAME NAME 208 Cumberland trail STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Longwood FL Asst Botting Cooch ☐ Addition ☐ Change ☐ Delete TITLE TITLE Ed Jagodzinski NAME 3581 Monston Drive STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Orlando FL Infield Coach Change ☐ Addition TITLE □ Defete TITLE Russell McDouald NAME NAME 1333 American Elm Drive STREET ADDRESS STREET ADDRESS CITY-ST-ZIP A 1 Famoute Segs. FL 32.714 CITY-ST-ZIP Increby certify that the information supplied with this filling 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if FL 32714 CITY-ST-ZIP

DOCUMENT # P99000078084  1. Emity Name CENTRAL FLORIDA MUSTANGS, INC.					Addition DW5460 DELP9900078084			
Principal Place 221 CANTER ( LONGWOOD F		6						
Principal Place of Business <sup>1</sup> Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & Stat	te	City & State			4. FEI Number Applied For			
Zip Country		Zip	Country				- <del></del>	Vot Applicable
	6. Name and Address of Current Re	egistered Agent			Certificate of Status Desired  Name and Address of New Ro	<b>ア</b> ・	ee Requir	red
LON	CANTER CLUB TRAIL GWOOD FL 32779  named entity submits this statement for the	ne purpose of changing its	City		ent, or both, in the State of Flor	Fi	Zip Cod	de
Tax filing re	Signature, 1990 or printed name of registered agent and action is eligible to satisfy its Intangible aquirement and elects to do so, ia on back)  OFFICERS AND DI	FILE NOW! After MAY 1, 200 Make Check Payab	PEE IS \$150.00 The will be \$550. The to Department of 12.	00 State	10. Election Campaign Fina Trust Fund Contribution.		Adde	May Be
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Jeff Peluso Koo N Spring Trail Altamonte Spgs F	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	AD	DITIONS/CHANGES TO OFFIC		DIRECTOR  ☐ Change	S IN 11
NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			(	Change	☐ Addition
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	rtify that the information supplied with this in this report or supplemental report is true oration or the receiver or trustee empower or an attachment with an address, with IRE:	ed to execute this report as all other like empowered.	required by Chapter 6	Section 1 ne same le 607, Florida	19.07(3)(i), Florida Statutes. I fu gal effect as if made under oat a Statutes; and that my name a	ppears in B	that the in an officer of lock 11 or	formation or director Block 12 if