

DOCUMENT # N03868

1. Entity Name

HFTP - MID-FLORIDA CHAPTER, INC.

FILED
May 12, 2000 8:00 am
Secretary of State

03-13-2000 90018 043 ****61.25

Principal Place of Business Mailing Address
P.O. BOX 1430 P.O. BOX 1430
ORLANDO FL 32802-1430 ORLANDO FL 32802-1430

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
Zip Country Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0038596** Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PENROD, BRENDA
60 IVANHOE BLVD.
ORLANDO FL 32801

7. Name and Address of New Registered Agent

Name **Romano, Joe**
Street Address (P.O. Box Number is Not Acceptable)
9300 Airport Blvd
City **ORLANDO, FL** 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

3/7/2000

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
P	PENROD, BRENDA	60 IVANHOE BLVD	ORLANDO FL	☐
D	HILL, DIANA J	7299 UNIVERSAL BLVD.	ORLANDO FL 32819	☐
T	MCCLOSKEY, LARRY	1 GRAND CYPRESS BLVD	ORLANDO FL	☐
S	PARRISH, BILL	9000 BAY HILL BLVD	ORLANDO FL 32817	☐
VP	ROMANO, JOE	9300 AIRPORT BLVD	ORLANDO FL	☐
D	DALES, STEPHEN R	6649 WESTWOOD BLVD., STE 500	ORLANDO FL 32821	☒

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
C				☒	☐
D	HULL, DIANA J.	1280 SCANDIA TERRACE	OWIEDO FL 32765	☒	☐
VP				☒	☐
T				☒	☐
P				☒	☐
S	RICKMANN, RANDALL	9840 INTERNATIONAL DR.	ORLANDO FL 32819	☐	☒

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-2-00 407 876 8038

CR2E037 (9/99)