

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

FILED
Sep 11, 2003 8:00 am
Secretary of State

09-11-2003 90094 015 *****61.25

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DOCUMENT # N03868

1. Entity Name

HFTP - MID-FLORIDA CHAPTER, INC.



Principal Place of Business

P.O. BOX 1430
ORLANDO FL 32802-1430

Mailing Address

P.O. BOX 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

4. FEI Number **65-0038596**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~HULL, DIANA~~
1905 HOTEL PLAZA BLVD
LAKE BUENA VISTA FL 32830

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
After September 10, 2003, min will be \$236.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **TD** ☐ Delete
NAME **HULL, DIANA**
STREET ADDRESS **1905 HOTEL PLAZA BLVD**
CITY-ST-ZIP **LAKE BUENA VISTA FL 32830**

TITLE **VPD** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **CD** ☒ Delete
NAME **MCCLOSKEY, LARRY**
STREET ADDRESS **1 GRAND CYPRESS BLVD**
CITY-ST-ZIP **LAKE BUENA VISTA FL 32830**

TITLE **President** ☐ Change ☒ Addition
NAME **Joseph Romano**
STREET ADDRESS **9300 Airport Blvd**
CITY-ST-ZIP **Orlando, FL 32827**

TITLE **PD** ☒ Delete
NAME **PARRISH, BILL**
STREET ADDRESS **9000 BAY HILL BLVD**
CITY-ST-ZIP **ORLANDO FL 32817**

TITLE **TD** ☐ Change ☒ Addition
NAME **David Branson**
STREET ADDRESS **8803 Vistinga Center Dr.**
CITY-ST-ZIP **Orlando, FL 32831**

TITLE **SD** ☒ Delete
NAME **MCKIM, DAVID**
STREET ADDRESS **1742 COVEY CT**
CITY-ST-ZIP **KISSIMEE FL 34744**

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

TITLE **VPD** ☐ Delete
NAME **RICKMANN, RANDALL**
STREET ADDRESS **9840 INTERNATIONAL DRIVE**
CITY-ST-ZIP **ORLANDO FL 32819**

TITLE **CD** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **Secretary / Director** ☐ Change ☒ Addition
NAME **Christopher S. Shoemaker**
STREET ADDRESS **9400 INTERNATIONAL DRIVE**
CITY-ST-ZIP **ORLANDO FL 32819-8199**

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** **David McKim 9/8/03 (407) 581-4710**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (4/03)