

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

FILED
Jan 17, 2003 8:00 am
Secretary of State

01-17-2003 90135 015 ****61.25

DOCUMENT # N03935

1. Entity Name

**CENTRAL FLORIDA CHAPTER OF THE SOCIETY OF C.P.C.
U., INC.**



Principal Place of Business

**4625 TINSLEY DRIVE
ORLANDO FL 32839
US**

Mailing Address

**POST OFFICE BOX 622858
OVIEDO FL 32762-2858**

70012386



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2737706**

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PERKINS, SANDRA
1415 BRUMLEY ROAD
CHULUOTA FL 32766**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete
NAME **MCINTOSH, DAVID**
STREET ADDRESS **1812 WYANDOTTE TRAIL**
CITY-ST-ZIP **CASSELBERRY FL 32707**

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

TITLE **PD** ☐ Delete
NAME **WALTHER, PAUL**
STREET ADDRESS **120 INTERNATIONAL PKWY, STE 320**
CITY-ST-ZIP **HEATHROW FL 32746**

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

TITLE **VPD** ☐ Delete
NAME **CRUZ, LINBA**
STREET ADDRESS **POST OFFICE BOX 160364**
CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32716**

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

TITLE **SD** ☐ Delete
NAME **BOSTON, WILEY**
STREET ADDRESS **390 N. ORANGE, SUITE 1100**
CITY-ST-ZIP **ORLANDO FL 32801**

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

TITLE **TD** ☐ Delete
NAME **BRODD, LAURIE**
STREET ADDRESS **1900 SUMMIT TOWER BLVD., STE 900**
CITY-ST-ZIP **MAITLAND FL 32810**

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

TITLE **DD** ☐ Delete
NAME **FITZGERALD, PAT**
STREET ADDRESS **359 LAKEWOOD CT**
CITY-ST-ZIP **LAKE MARY FL 32746**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

Laurie Brodd (LAURIE BRODD)

1/13/03

407-667-8673

CR2E037 (10/02)