

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N07874

1. Entity Name

CENTRAL FLORIDA 10-13 CLUB, INC.

FILED
Jan 14, 2000 8:00 am
Secretary of State

01-14-2000 90008 027 ****61.25



DO NOT WRITE IN THIS SPACE


Principal Place of Business		Mailing Address	
MR. ARTHUR ADDEO 13020 QUAIL COURT ORLANDO FL 32828 US		MR. ARTHUR ADDEO 13020 QUAIL COURT ORLANDO FL 32828-9070 US	
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	Applied For
59-2502645	<input type="checkbox"/> Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WILLIAM J. MCCUSKER 1250 LAKE ROGERS CIRCLE OVIEDO FL 32765	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.

SIGNATURE  DATE **1/7/00**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADDEO, ARTHUR	NAME	
STREET ADDRESS	13020 QUAIL CT	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GALARZA, LOUIS	NAME	
STREET ADDRESS	3012 LOGGER CT	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32817	CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	IRIZARRY, FRANK	NAME	
STREET ADDRESS	1004 MOSSHART LANE	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32825	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOLAS, STAN	NAME	
STREET ADDRESS	321 DORCHESTER CT	STREET ADDRESS	
CITY-ST-ZIP	LONGWOOD FL	CITY-ST-ZIP	
TITLE	DP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DICEMBRE, JOHN	NAME	
STREET ADDRESS	1785 E CHERYL DR	STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK FL	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCUSKER, WILLIAM	NAME	
STREET ADDRESS	1250 LAKE ROGERS CIR	STREET ADDRESS	
CITY-ST-ZIP	OVIEDO FL	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:  DATE **1/7/00** DAYTIME PHONE # **407 384 0005**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/99)