

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90147 004 ****61.25

DOCUMENT # N07874

1. Entity Name

CENTRAL FLORIDA 10-13 CLUB, INC.

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
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

59-2502645

Applied For

Not Applicable

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

WILLIAM J. MCCUSKER
1250 LAKE ROGERS CIRCLE
OVIDO FL 32765

Name

Arthur Addeo

Street Address (P.O. Box Number is Not Acceptable)

13020 Quail Court

City

Orlando

FL

Zip Code

32828

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 **Arthur J. Addeo Jr**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2-4-02

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PT** ☐ Delete
 NAME **ADDEO, ARTHUR**
 STREET ADDRESS **13020 QUAIL CT**
 CITY-ST-ZIP **ORLANDO FL**

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

TITLE **VP** ☐ Delete
 NAME **GALARZA, LOUIS**
 STREET ADDRESS **3012 LOGGER CT**
 CITY-ST-ZIP **ORLANDO FL 32817**

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

TITLE **S** ☒ Delete
 NAME **IRIZARRY, FRANK**
 STREET ADDRESS **1004 MOSSHART LANE**
 CITY-ST-ZIP **ORLANDO FL 32825**

TITLE **S.** ☐ Change ☒ Addition
 NAME **DORN, KENNETH**
 STREET ADDRESS **10669 CRYSTAL SPRINGS CT.**
 CITY-ST-ZIP **Orlando FL 32825**

TITLE **D** ☐ Delete
 NAME **GOLAS, STAN**
 STREET ADDRESS **321 DORCHESTER CT**
 CITY-ST-ZIP **LONGWOOD FL**

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

TITLE **DP** ☐ Delete
 NAME **DICEMBRE, JOHN**
 STREET ADDRESS **1785 E CHERYL DR**
 CITY-ST-ZIP **WINTER PARK FL**

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

TITLE **D** ☒ Delete
 NAME **MCCUSKER, WILLIAM**
 STREET ADDRESS **1250 LAKE ROGERS CIR**
 CITY-ST-ZIP **OVIDO FL**

TITLE ☐ Change ☒ Addition
 NAME **GONZALEZ, Luis**
 STREET ADDRESS **1351 Augusta National Blvd.**
 CITY-ST-ZIP **WINTER SPRINGS, FL. 32708**

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 #

2-4-02 (407) 384-0005

CR2E037 (9/01)