

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

FILED
Jan 09, 2003 8:00 am
Secretary of State

01-09-2003 90109 009 ****61.25

DOCUMENT # N07874

1. Entity Name

CENTRAL FLORIDA 10-13 CLUB, INC.



Principal Place of Business

MR. ARTHUR ADDEO
13020 QUAIL COURT,
ORLANDO FL 32828
US

Mailing Address

MR. ARTHUR ADDEO
13020 QUAIL COURT
ORLANDO FL 32828
US

2. Principal Place of Business

12125 FOUNTAINBROOK BLVD

Suite, Apt., etc. **#100**

3. Mailing Address

12125 FOUNTAINBROOK BLVD.

Suite, Apt., etc. **#100**

City & State

ORLANDO, FL

City & State

ORLANDO FL

Zip

32825

Country

ORANGE

Zip

32825

Country

ORANGE

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

ADDEO, ARTHUR
13020 QUAIL COURT
ORLANDO FL 32828

(New address)

7. Name and Address of New Registered Agent

Name

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

12125 FOUNTAINBROOK BLVD #100

City

ORLANDO

FL

Zip Code

32825

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

01/07/03

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT ADDEO, ARTHUR 13020 QUAIL CT ORLANDO FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GALARZA, LOUIS 3012 LOGGER CT ORLANDO FL 32817	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DORN, KENNETH 10669 CRYSTAL SPRINGS COURT ORLANDO FL 32825	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOLAS, STAN 321 DORCHESTER CT LONGWOOD FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DICEMBRE, JOHN 1785 E CHERYL DR WINTER PARK FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GONZALEZ, LUIS 1351 AUGUSTA NATIONAL BLVD. WINTER SPRINGS FL 32708	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADDEO, ARTHUR 12125 FOUNTAINBROOK BLVD. #100 ORLANDO, FL 32825	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

1-7-03 407482-0250

CR2E037 (10/02)