

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N16074

1. Entity Name

CENTRAL FLORIDA AIDS UNIFIED RESOURCES, INC.

FILED
Aug 01, 2000 8:00 am
Secretary of State

08-01-2000 90007 005 ****70.00

Principal Place of Business

741 W COLONIAL DR
ORLANDO FL 32804
US

Mailing Address

P O BOX 3725
ORLANDO FL 32802
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

59-2703003

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

TUCCI, DEBRA J
741 W COLONIAL DR
ORLANDO FL 32804

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

Debra J. Tucci Executive Director

7/10/00

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 13, 2000 min. will be \$236.25

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	SPRAYBERRY, RANDY	<input checked="" type="checkbox"/> Delete
NAME	SPRAYBERRY, RANDY	
STREET ADDRESS	911 MCGREGOR WAY XXX	
CITY-ST-ZIP	ORLANDO FL 32751 XXX	
TITLE	PAKMER, BOBBY JR	<input checked="" type="checkbox"/> Delete
NAME	PAKMER, BOBBY JR	
STREET ADDRESS	2009 WESTCHESTER AVE X	
CITY-ST-ZIP	ORLANDO FL 32803 X	
TITLE	LOCKER, JAMES L	<input checked="" type="checkbox"/> Delete
NAME	LOCKER, JAMES L	
STREET ADDRESS	411 RED COAT LN X	
CITY-ST-ZIP	ORLANDO FL 32825 X	
TITLE	HUTCHINSON, WILLIAM JR	<input type="checkbox"/> Delete
NAME	HUTCHINSON, WILLIAM JR	
STREET ADDRESS	1820 SWEETWATER WEST CIR	
CITY-ST-ZIP	APOPKA FL 32712	
TITLE	TUCCI, DEBRA J	<input type="checkbox"/> Delete
NAME	TUCCI, DEBRA J	
STREET ADDRESS	166 SHERIDAN AVE.	
CITY-ST-ZIP	LONGWOOD FL 32750	
TITLE	WELLS, MARLENE	<input checked="" type="checkbox"/> Delete
NAME	WELLS, MARLENE	
STREET ADDRESS	115 DAK DRIVE X	
CITY-ST-ZIP	ORLANDO FL 32822 XXX	

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bobby G. Palmer, Jr.	
STREET ADDRESS	2909 Westchester Avenue	
CITY-ST-ZIP	Orlando, FL 32803	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	James L. Lockler	
STREET ADDRESS	411 Red Coat Lane	
CITY-ST-ZIP	Orlando, FL 32825	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Suellen Cirelli	
STREET ADDRESS	2617 Coventry Lane	
CITY-ST-ZIP	Ocoee, FL 32803	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 an other like empowered.

SIGNATURE:

Debra J. Tucci
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR: 017 03/00