

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 06, 2001 8:00 am**  
**Secretary of State**

09-06-2001 90260 021 \*\*\*\*70.00

**DOCUMENT # N16074**

1. Entity Name

**CENTRAL FLORIDA AIDS UNIFIED RESOURCES, INC.**

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

**TUCCI, DEBRA J  
 741 W COLONIAL DR  
 ORLANDO FL 32804**

7. Name and Address of New Registered Agent

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

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 12, 2001, 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD PALMER, BOBBY G JR 2909 WESTCHESTER AVE ORLANDO FL 32803</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD LOCKLER, JAMES L 411 RED COAT LANE ORLANDO FL 32825</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD CIRELLI, SUELLEN 2617 COVENTRY LANE OCFEE FL 32803</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>EXD TUCCI, DEBRA J 166 SHERIDAN AVE. LONGWOOD FL 32750</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D MAXWELL, MARLENE C 415 DAIL DRIVE ORLANDO FL 32822</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	<b>T HUTCHINSON, WILLIAM R. 2192 WOODBRIDGE ROAD LONGWOOD, FL 32779</b> <input type="checkbox"/> Change <input checked="" 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	<b>S PERKINS, WILLIAM J. 1565 NOTTINGHAM DRIVE WINTER PARK, FL 32792</b> <input type="checkbox"/> Change <input checked="" 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]*

8/28/01

CR2E037 (5/01)

Attachment  
#116074  
A0083780

DIRECTORS

\*Russ Davis (Caucasian Male)  
Ret. Bookkeeper  
1417 Leeway Avenue  
Orlando, FL 32810  
Home: (407) 740-0184

\*Michael A. Gagne (Caucasian Male)  
7264 Lake Floy Circle  
Orlando, FL 32819  
Home: (407) 354-0426  
Cell: (407) 234-9589  
MichaelGagne@aol.com

Phylis Perkins (Caucasian Female)  
Homemaker  
1565 Nottingham Drive  
Winter Park, FL 32792  
Home: (407) 657-9216  
IM4CATS@aol.com

Luiz F. Nunez, Sr. (Hispanic Male)  
Financial Planner  
415 Redcoat Lane  
Orlando, FL 32825  
Home: (407) 694-0821  
Work: (407) 761-8465

Richard Long (Caucasian Male)  
Pharmacist  
3437 Furlong Way  
Gotha, FL 34734-5123  
Home: (407) 273-7333  
Work: (407) 804-8133  
FAX: 1-877-869-3405  
e-mail: rpl-rx@cfl.rr.com

Sally A. Bryan (Caucasian Female)  
Independent Producer  
2900 Westchester Avenue  
Orlando, FL 32803  
Home: (407) 896-5784  
Cell: (407) 721-1817

Jacqueline Jones (African-American Female)  
460 Palm Springs Drive\*\*  
Longwood, FL 32750  
Home: (407) 331-6625