

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N16074**

1. Entity Name

CENTRAL FLORIDA AIDS UNIFIED RESOURCES, INC.**FILED**
May 05, 2002 8:00 am
Secretary of State

05-05-2002 90286 016 ****70.00



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

741 W COLONIAL DR
ORLANDO FL 32804
USP 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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.259. 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 PD ☐ Delete
NAME PALMER, BOBBY G JR
STREET ADDRESS 2909 WESTCHESTER AVE
CITY-ST-ZIP ORLANDO FL 32803TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE VD ☐ Delete
NAME LOCKLER, JAMES L
STREET ADDRESS 411 RED COAT LANE
CITY-ST-ZIP ORLANDO FL 32825TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE T ☒ Delete
NAME HUTCHINSON, WILLIAM R
STREET ADDRESS 2192 WOODBRIDGE ROAD
CITY-ST-ZIP LONGWOOD FL 32779TITLE T ☒ Change ☒ Addition
NAME Surprenant, Terrance
STREET ADDRESS 905 Hillary Court, Orlando, FL32804
CITY-ST-ZIPTITLE EXD ☐ Delete
NAME TUCCI, DEBRA J
STREET ADDRESS 166 SHERIDAN AVE.
CITY-ST-ZIP LONGWOOD FL 32750TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE S ☐ Delete
NAME PERKINS, WILLIAM J
STREET ADDRESS 1565 NOTTINGHAM DRIVE
CITY-ST-ZIP WINTER PARK FL 32792TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE D ☐ Delete
NAME DAVIS, RUSS
STREET ADDRESS 1417 LEEWAY AVENUE
CITY-ST-ZIP ORLANDO FL 32810TITLE ☐ Change ☐ 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 all other like empowered.

SIGNATURE:

Bobby G. Palmer, Jr. 2/26/02 (407)849-1452

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)