

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 02, 2000 8:00 am
Secretary of State

03-02-2000 90045 029 ****61.25

DOCUMENT # N20166

1. Entity Name

CENTRAL FLORIDA HOTEL/MOTEL ASSOCIATION EDUCATIO

Principal Place of Business

7208 SAND LAKE RD STE 205
 ORLANDO FL 32819

Mailing Address

7208 SAND LAKE RD STE 205
 ORLANDO FL 32819-5278

2. Principal Place of Business

7380 Sand Lake Rd
 Suite, Apt. #, etc.
 Ste. #135

3. Mailing Address

7380 Sand Lake Rd
 Suite, Apt. #, etc.
 Ste. #135

City & State
 ORLANDO, FL

City & State
 Orlando, FL

Zip
 32819

Country

Zip
 32819

Country

4. FEI Number

59-2875525

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MALADECKI, RICHARD J.
 7208 SAND LAKE ROAD, SUITE 205
 ORLANDO FL 32819

7. Name and Address of New Registered Agent

Name

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

7380 Sand Lake Rd
 #135

City

ORLANDO, FL

FL

Zip Code

32819

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]

Richard J. Maladecki

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**

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	PD	<input type="checkbox"/> Delete
NAME	BUTCHER, MU	
STREET ADDRESS	7208 SAND LAKE RD STE 205	
CITY-ST-ZIP	ORLANDO FL 32819	
TITLE	PD	<input type="checkbox"/> Delete
NAME	ROBBINS, LOUIS	
STREET ADDRESS	7208 SAND LAKE ROAD #205	
CITY-ST-ZIP	ORLANDO FL 32819	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SHAFEI, SAMIR	
STREET ADDRESS	7208. SNAD LAKE ROAD #205	
CITY-ST-ZIP	ORLANDO FL 32819	
TITLE	ED	<input type="checkbox"/> Delete
NAME	MALADECKI, RICHARD J.	
STREET ADDRESS	7208 SAND LAKE RD STE 205	
CITY-ST-ZIP	ORLANDO FL 32819	
TITLE	TD	<input type="checkbox"/> Delete
NAME	ENGFER, PAT	
STREET ADDRESS	7208 SAND LAKE RD #205	
CITY-ST-ZIP	ORLANDO FL 32819	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	C	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRINDA, JEFF	
STREET ADDRESS	7380 Sand Lake Rd #135	
CITY-ST-ZIP	ORLANDO, FL 32819	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Engfer, Pat	
STREET ADDRESS	7380 Sand Lake Rd #135	
CITY-ST-ZIP	ORLANDO, FL 32819	
TITLE	EO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Maladecki, Richard J	
STREET ADDRESS	7380 Sand Lake Rd #135	
CITY-ST-ZIP	ORLANDO, FL 32819	
TITLE	VC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Terry, Michael	
STREET ADDRESS	7380 Sand Lake Rd #135	
CITY-ST-ZIP	ORLANDO, FL 32819	
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 all other like empowered.

SIGNATURE:

[Signature] Richard J. Maladecki

(407) 313-5000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)