

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2001 8:00 am
Secretary of State

03-06-2001 90309 021 ****61.25

DOCUMENT # N20166

1. Entity Name

CENTRAL FLORIDA HOTEL/MOTEL ASSOCIATION EDUCATIO

Principal Place of Business

Mailing Address

7380 SAND LAKE RD
 STE 135
 ORLANDO FL 32819

7380 SAND LAKE RD
 STE 135
 ORLANDO FL 32819

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2875525

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

MALADECKI, RICHARD J.
7380 SAND LAKE RD
#135
ORLANDO FL 32819

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

R J Maladecki

President

1/11/2001

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BUTCHER, MU 7208 SAND LAKE RD STE 205 ORLANDO FL 32819	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROBBINS, LOUIS 7208 SAND LAKE ROAD #205 ORLANDO FL 32819	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SHAFEI, SAMIR 7208 SNAD LAKE ROAD #205 ORLANDO FL 32819	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ED MALADECKI, RICHARD J. 7380 SAND LAKE RD #135 ORLANDO FL 32819	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ENGFER, PAT 7380 SAND LAKE RD #135 ORLANDO FL 32819	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C BRINDA, JEFF 7380 SAND LAKE RD #135 ORLANDO FL 32819	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Kelly Smith 7380 Sandlake Rd #135 Orlando, Fl. 32819	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	<i>Treasurer</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PAT Engfer 7380 Sandlake Rd. #135 Orlando, Fl 32819	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	<i>Chairman</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Laura Sherman 7380 Sandlake Rd #135 Orlando, Fl. 32819	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	<i>Secretary</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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	

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: *R J Maladecki*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

1/11/2001

Date

(407) 313-5000

Daytime Phone #

CR2E037 (10/00)