

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 17, 2003 8:00 am**  
**Secretary of State**

07-17-2003 90030 024 \*\*\*\*61.25

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**DOCUMENT # N20166**

1. Entity Name

**CENTRAL FLORIDA HOTEL&LODGING ASSOCIATION EDUCATIONAL TRUST FUND, INC.**



Principal Place of Business

**7380 SAND LAKE RD  
STE 135  
ORLANDO FL 32819**

Mailing Address

**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

Zip

Country

Zip

Country

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. I am familiar with, and accept the obligations of registered agent.

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 10, 2003, min will be \$236.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

T/D ☐ Delete  
NAME **SARGENT, THEA**  
STREET ADDRESS **7380 SAND LAKE ROAD #135**  
CITY-ST-ZIP **ORLANDO FL 32819**

☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

C/D ☐ Delete  
NAME **SANSBURY, MICHAEL**  
STREET ADDRESS **7380 SAND LAKE ROAD #135**  
CITY-ST-ZIP **ORLANDO FL 32819**

☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

S/D ☐ Delete  
NAME **SHERMAN, LAURA**  
STREET ADDRESS **7380 SAND LAKE ROAD #135**  
CITY-ST-ZIP **ORLANDO FL 32819**

☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

EO ☐ Delete  
NAME **MALADECKI, RICHARD J.**  
STREET ADDRESS **7380 SAND LAKE ROAD #135**  
CITY-ST-ZIP **ORLANDO FL 32819**

☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ 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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7/8/03 407 313 5000**

Date

Daytime Phone #

CR2E037 (4/03)