


**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

0004890

**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  
Suite, Apt. #, etc.  
City & State  
Zip

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip



CHECK HERE IF MAKING CHANGES

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**

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

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

SIGNATURE \_\_\_\_\_ (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**

TITLE	<b>T/D</b>	<input type="checkbox"/> Delete
NAME	<b>SARGENT, THEA</b>	
STREET ADDRESS	<b>7380 SAND LAKE ROAD #135</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32819</b>	
TITLE	<b>C/D</b>	<input type="checkbox"/> Delete
NAME	<b>SANSBURY, MICHAEL</b>	
STREET ADDRESS	<b>7380 SAND LAKE ROAD #135</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32819</b>	
TITLE	<b>S/D</b>	<input type="checkbox"/> Delete
NAME	<b>SHERMAN, LAURA</b>	
STREET ADDRESS	<b>7380 SAND LAKE ROAD #135</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32819</b>	
TITLE	<b>EO</b>	<input type="checkbox"/> Delete
NAME	<b>MALADECKI, RICHARD J.</b>	
STREET ADDRESS	<b>7380 SAND LAKE ROAD #135</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32819</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 REQUIRED **7/8/03** 407 313 5000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (4/03)