

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 11, 2001 8:00 am
Secretary of State

01-11-2001 90009 049 ****61.25

600402



DO NOT WRITE IN THIS SPACE

DOCUMENT # N35275
1. Entity Name
ESM ASSOCIATION OF CENTRAL FLORIDA, INC.

Principal Place of Business **Mailing Address**
P. O. BOX 593844 **P. O. BOX 593844**
ORLANDO FL 32859-2464 **ORLANDO FL 32859-2464**

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 **59-2989831** **Applied For**
☐ **Not Applicable**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
RECHT, RALPH R
526 THORPE ROAD
ORLANDO FL 32824

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.

SIGNATURE _____ (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 NAME STREET ADDRESS CITY-ST-ZIP	PD BELL, JAMES D 4501 OAKCREEK ST #101 ORLANDO FL 32835	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD LANDEY, BARBARA 285 INTERNATIONAL PARKWAY LAKE MARY FL 32746	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD RECHT, RALPH R 526 THORPE ROAD ORLANDO FL 32804	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GALLOWAY, HELEN 1414 KUHLE AVENUE ORLANDO FL 32824	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PAULA TABOR PEASE 2787 S. ORANGE BLOSSOM TRAIL APOLKA, FL 32703	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD KATHY HARDIN 140 WAKIVA ROAD LONGWOOD, FL 32779	<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
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: *Ralph R. Recht* **REQUIRE** **1-5-01** **407-855-6161**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)