

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N35275

FILED  
Jan 14, 2002 8:00 AM  
Secretary of State

**Entity Name:** ESM ASSOCIATION OF CENTRAL FLORIDA, INC.

**Current Principal Place of Business:**

P. O. BOX 593844  
ORLANDO, FL 328592464

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 593844  
ORLANDO, FL 328592464

**New Mailing Address:**

**FEI Number:** 59-2989831

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

RECHT, RALPH R  
526 THORPE ROAD  
ORLANDO, FL 32824 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: SD ( ) Delete  
Name: GALLOWAY, HELEN  
Address: 1414 KUHLE AVENUE  
City-St-Zip: ORLANDO, FL 32824

Title: TD ( ) Delete  
Name: RECHT, RALPH R  
Address: 526 THORPE ROAD  
City-St-Zip: ORLANDO, FL 32804

Title: VPD ( ) Delete  
Name: LANDEY, BARBARA  
Address: 285 INTERNATIONAL PARKWAY  
City-St-Zip: LAKE MARY, FL 32746

Title: PD ( ) Delete  
Name: BELL, JAMES D  
Address: 4501 OAKCREEK ST #101  
City-St-Zip: ORLANDO, FL 32835

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: TD (X) Change ( ) Addition  
Name: RECHT, RALPH R  
Address: 526 THORPE ROAD  
City-St-Zip: ORLANDO, FL 32824

Title: VPD (X) Change ( ) Addition  
Name: O'BORN, MATTHEW  
Address: 8849 EL PRADO DRIVE  
City-St-Zip: ORLANDO, FL 32825

Title: PD (X) Change ( ) Addition  
Name: PEASE, PAULA  
Address: 2787 S. ORANGE BLOSSOM TRAIL  
City-St-Zip: APOPKA, FL 32703

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RALPH R. RECHT

TREA

01/14/2002

Electronic Signature of Signing Officer or Director

Date