

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N35275

FILED
Jan 10, 2003
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: PD () Delete
Name: PEASE, PAULA
Address: 2787 S. ORANGE BLOSSOM TRAIL
City-St-Zip: APOPKA, FL 32703

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VPD (X) Change () Addition
Name: GEARY, VIVIAN
Address: 1000 UNIVERSAL STUDIOS PLAZA
City-St-Zip: ORLANDO, FL 32839

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

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

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

TD

01/10/2003

Electronic Signature of Signing Officer or Director

Date