

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

1996 7-8-96

B- 7249 C

DOCUMENT # N36068

(7)

1. Corporation Name

CENTRAL FLORIDA CLASSIC T-BIRDS, INC.



Principal Place of Business

Mailing Address

ALAN YOUNG
6209 SPARLING HILL CIR.
ORLANDO FL 32808

ALAN YOUNG
6209 SPARLING HILL CIR.
ORLANDO FL 32808

3. Date Incorporated or Qualified

01/08/1990

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

6625 Crenshaw Dr

6625 Crenshaw Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Orlando, FL

Orlando, FL

Zip Country

Zip Country

32835

32835

4. FEI Number

59-3115310

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WUBKER, WARREN
6625 CRENSHAW DR
ORLANDO FL 32835

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME COWELL, RALPH
STREET ADDRESS 2930 MONACO CT
CITY-ST-ZIP ORLANDO FL

TITLE VOD ☐ DELETE

NAME YOUNG, ALAN
STREET ADDRESS 6209 SPARLING HILL CIR.
CITY-ST-ZIP ORLANDO FL

TITLE SD ☐ DELETE

NAME HOFFMAN, JUDY
STREET ADDRESS 846 CABOT COURT
CITY-ST-ZIP WINTER PARK FL

TITLE DT ☐ DELETE

NAME WUBKER, WARREN
STREET ADDRESS 6625 CRENSHAW DR
CITY-ST-ZIP ORLANDO FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE PD ☒ Change ☐ Addition

12 NAME Kaniz, Les

13 STREET ADDRESS 1218 Oxbow Lane

14 CITY-ST-ZIP Winter Springs, FL 32708

21 TITLE VOD ☒ Change ☐ Addition

22 NAME Rollins, Ray

23 STREET ADDRESS 719 Alfred Dr.

24 CITY-ST-ZIP Orlando, FL 32810

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment, with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Warren W. Wubker

7/1/96

407-293-3450

Daytime Phone #

CR2E037 (12/95)