

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-07-2003 90185 021 ****61.25

DOCUMENT # N36068 1. Entity Name CENTRAL FLORIDA CLASSIC T-BIRDS, INC.			
Principal Place of Business 14914 PRAIRIE ROSE CT ORLANDO FL 32824 US		Mailing Address 14914 PRAIRIE ROSE CT ORLANDO FL 32824 US	
2. Principal Place of Business 10507 MARSH COVE COURT Suite, Apt. #, etc.		3. Mailing Address 10507 MARSH COVE COURT Suite, Apt. #, etc.	
City & State ORLANDO, FL		City & State ORLANDO, FL	
Zip 32825	Country USA	Zip 32825	Country USA
4. FEI Number 59-3115310		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ROUSSEAU, ROCHELLE 14914 PRAIRIE ROSE CT ORLANDO FL 32824		7. Name and Address of New Registered Agent Name Rio, Donna Street Address (P.O. Box Number is Not Acceptable) 10507 MARSH COVE COURT City ORLANDO FL 32825	
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 <i>Donna Rio</i> Signature, typed or printed name of registered agent and title if applicable.		DATE 2/28/03 (NOTE: Registered Agent signature required when reinstating)	
FILE NOW: FEE IS \$61.25		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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP P GRUBER, STEVE 1422 YALE STREET ORLANDO FL 32804	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP P DURNING, JOHN (D) 33240 LITTLE HAMPTON COURT SORRENTO, FL 32776	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP VOD SISTACK, CLARENCE 12607 MARIBOU CIRCLE ORLANDO FL 32828	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP V GRUBER, STEVE (S) 1422 YALE STREET ORLANDO, FL 32804	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP SD HOFFMAN, JUDY 846 CABOT COURT WINTER PARK FL 32792	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP (Empty)	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP DT ROUSSEAU, ROCHELLE 14914 PRAIRIE ROSE CT ORLANDO FL 32824	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP T Rio, Donna (T) 10507 MARSH COVE COURT ORLANDO, FL 32825	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP (Empty)	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP (Empty)	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP (Empty)	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP (Empty)	☐ Change ☐ 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: <i>Signature Required</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE 2/28/03 Date Daytime Phone #	

CR2E037 (10/02)