

2001 UNIFORM BUSINESS REPORT (UBR)DOCUMENT # **N37277**

1. Entity Name

THE CENTER FOR RECREATIONAL COMMUNICATION, INC.

Principal Place of Business

**7907 NASHUA LANE
ORLANDO FL 32817
US**

Mailing Address

**PO BOX 4126
WINTER PARK FL 32793-4126
US**

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

59-2999862

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CROSS, MILTON
7907 NASHUA LANE
ORLANDO FL 32817**

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 _____

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

(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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	TCOB	☒ Delete
NAME	BEGALLA, JOSEPH J. JR.	
STREET ADDRESS	1150 LOUISIANA AVE #6-B	
CITY-ST-ZIP	WINTER PARK FL 32789	

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	T	☐ Delete
NAME	CROSS, MILTON	
STREET ADDRESS	7907 NASHUA LANE	
CITY-ST-ZIP	ORLANDO FL 32817	

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	T	☐ Delete
NAME	GILLAM, LYNN A	
STREET ADDRESS	1150 LOUISIANA AVE, #6-B	
CITY-ST-ZIP	WINTER PARK FL 32789	

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	T	☐ Change ☒ Addition
NAME	Southwick, Robert	
STREET ADDRESS	2176 CALAIS LANE	
CITY-ST-ZIP	Fernandina Beach, FL 32034	

TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Milton Cross**2/8/01**

Date

407-645-4429

Daytime Phone #

FILED**Mar 01, 2001 8:00 am
Secretary of State**

03-01-2001 90023 013 ****61.25

00020739

DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)