

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N43635

1. Entity Name

CENTRAL FLORIDA GLASSAHOLICS, INC.

FILED
Apr 13, 2000 8:00 am
Secretary of State

04-13-2000 90113 028 ****61.25

Principal Place of Business

Mailing Address

BOX 2319
LAKELAND FL 33806

BOX 2319
LAKELAND FL 33806-2319

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

59-2436660

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

PETTEWAY, MARIAN
5336 GLENMORE DR
LAKELAND FL 33813

Name Charles E. Jacobson

Street Address (P.O. Box Number is Not Acceptable)
3425 Imperial Lane

City Lakeland

FL

Zip Code
33813

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)

April 10, 2000

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 PD ☒ Delete
NAME JACOBSON, CHARLES
STREET ADDRESS 1400 GLENMORE DR.
CITY-ST-ZIP LAKELAND FL 33803

TITLE PD ☒ Change ☐ Addition
NAME Jacobson, Charles
STREET ADDRESS 3425 Imperial Lane
CITY-ST-ZIP Lakeland, FL 33813

TITLE VD ☒ Delete
NAME QUICK, MILTON
STREET ADDRESS 2975 SHINGLE CREEK CT
CITY-ST-ZIP KISSIMMEE FL 34746

TITLE VD ☐ Change ☒ Addition
NAME Giles, Joann
STREET ADDRESS 400 Grimes Dr.
CITY-ST-ZIP Auburndale, FL 33823

TITLE SD ☒ Delete
NAME GILES, JOANN
STREET ADDRESS 400 GRIMES DR
CITY-ST-ZIP AUBURNDALE FL 33823

TITLE SD ☐ Change ☒ Addition
NAME Dryden, Tom
STREET ADDRESS 400 Grimes Dr.
CITY-ST-ZIP Auburndale, FL 33823

TITLE TD ☐ Delete
NAME PETTEWAY, RALIEGH
STREET ADDRESS 5336 GLENMORE DR.
CITY-ST-ZIP LAKELAND FL 33813

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

TITLE SD ☒ Delete
NAME MARTIN, BENETTA
STREET ADDRESS 5721 BAKER DAIRY ROAD
CITY-ST-ZIP HAINES CITY FL 33845

TITLE SD ☐ Change ☒ Addition
NAME Cantrall, Cheryl
STREET ADDRESS 5319 Sandra Way
CITY-ST-ZIP Lakeland, FL 33813

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:

Charles E. Jacobson

4/10/00

(863). 834-6994

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)