

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Mar 29, 2001 08:00 AM****Secretary of State****DOCUMENT # N48419**

1. Entity Name

CENTRAL FLORIDA REALTY INVESTORS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

380 S. STATE RD. 434

380 S. STATE RD. 434

#1004-260

#1004-260

ALTAMONTE SPRINGS

FL

ALTAMONTE SPRINGS

FL

327143010

US

327143010

US

2. Principal Place of Business

3. Mailing Address

491 N. SR 434

Suite, Apt. #, etc.

Suite, Apt. #, etc.

STE 125

City & State

City & State

ALTAMONTE SPRINGS

FL

4. FEI Number

59-3117856

Applied For

Not Applicable

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

Zip

Country

Zip

Country

32714

US

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KANAGA RICK

2627 W STATE ROAD 434

LONGWOOD

32779

US

FL

Name

KANAGA RICK

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

491 N. SR 434

STE 125

City

ALTAMONTE SPRINGS

FL

Zip Code

32714

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 **RICK KANAGA****03/29/2001**

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	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
<input type="checkbox"/> Delete				<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
	NAME	STREET ADDRESS	CITY-ST-ZIP		
	LASTER ROSIE	48150 MYRTLE BAY DRIVE	ORLANDO FL 328298701		
<input type="checkbox"/> Delete				<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
	NAME	STREET ADDRESS	CITY-ST-ZIP		
	HALTER LYNETTE	120 WINDSONG COURT	LAKE MARY FL 32746		
<input type="checkbox"/> Delete				<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
	NAME	STREET ADDRESS	CITY-ST-ZIP		
	LARIBE JACK	410 ALCAZAR AVE	ALTAMONTE SPRINGS FL		
<input type="checkbox"/> Delete				<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
	NAME	STREET ADDRESS	CITY-ST-ZIP		
	KANAGA RYAN	380 S. STATE ROAD 434 SUITE 1004-174	ALTAMONTE SPRINGS FL 32714		
<input type="checkbox"/> Delete				<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
	NAME	STREET ADDRESS	CITY-ST-ZIP		
	BURT CHUCK	1081 N LAKE SYBELIA DR	MAITLAND FL 32751		
<input type="checkbox"/> Delete				<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
	NAME	STREET ADDRESS	CITY-ST-ZIP		
	DUBOVEC RUDY	821 WHIPORWILL DRIVE	PORT ORANGE FL 32019		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Rudy Dubovec

TD

03/29/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Phone #

CR2E037 (11/00)

DUANE WILLIAMS, DIRECTOR
604-114 CHESTNUT OAK CIRCLE

ALTAMONTE SPRINGS, FL 32701

MARK ORMAN, DIRECTOR
5913 SIR HENRY ROAD

ORLANDO, FL 32808

LYNDA MILLER, DIRECTOR
318 SHADOW BAY BLVD., N.

LONGWOOD, FL 32779

MARK ORMAN, DIRECTOR
5913 SIR HENRY ROAD

ORLANDO, FL 32808

LYNDA MILLER, DIRECTOR
318 SHADOW BAY BLVD., N.

LONGWOOD, FL 32779