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

DOCUMENT # NOODOOOO

UNIFORM BUSINESS REPORT (UBR)						Jan 08, 2003 8:00 am Secretary of State			
 Entity Nam 	MENT # N92000 ATERS FOR CENTRAL AME			(SELVICE)			ecretary 01-08-2003 90009		
Principal Place	e of Business	Mailir	ng Address		•	1			
504 52ND AVENUE DRIVE WEST RADENTON FL 34207-2347 IS		2504 52ND AVE. DR.W BRADENTON FL 34207-2347							
2. Principal Place of Business		3. Ma	3. Mailing Address						
Suite, Apt. #, etc.			Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
City & State	9	City & State				4. FEI Number 65-0365351 Applied For Not Applicable			
Zip ·•	Zip Country		Zip		ту	5. Certificate of Sta		\$8.75 Add Fee Require	
	- 6. Name and Address of Curren	t Register	ed Agent -			7. Name and Addre	ess of New Registered	l Agent	\
BENHAM, PAUL H SR 2504 52ND AVE. DR.W. BRADENTON FL 34207-2347					Name Street Address (P.O. Box Number is Not Acceptable)				
				-	City FL Zip Code				
SIGNATURE .	Signature, typed or printed name of registered ege	nt and title if ap	pilcable. (NOTE:		gent signature require	ad when reinstating)	Make Che	ck Payable	to
•	FILE NOW: FEE IS \$61.25		Trust Fund Co	ontribution		Added to Fees	Florida Depa		
10.	OFFICERS AND D	IRECTORS		11.		ADDITIONS/CHANGE	S TO OFFICERS AND D		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Behham, H. Paul Sr 2504 52 ave DR W Bradenton Fl 34207		☐ Delete	TITLE NAME STREET A	ADDRESS			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FD BURKE, JAMES 4175 CHISHOLM DRF SARASOTA FL 34235		□ Delete	TITLE NAME STREET	ADDRESS 1- zip			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BENHAM, GREG 6559 CONNECTICUT AVE		☐ Delete	TITLE NAME STREET /	ADDRESS			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SARASOTA FL 34243 V BENHAM, JOYCE B 2504 52 AVE DR W BRADENTON FL 34207		☐ Delete	TITLE NAME	ADDRESS			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIVIDENTUNTE 34207		☐ Delete	TITLE NAMÉ	ADDRESS			☐ Change	Addition
TITLE			[7] Dalata	TITI C				☐ 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.

CITY-ST-ZIP

NAME STREET ADDRESS

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

WIREDJOYCE B. BEN AAM 1-6-03 (914 727-939)

FILED