

# 2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 26, 2000 8:00 am  
Secretary of State

01-26-2000 90184 036 \*\*\*\*61.25

DOCUMENT # N93000000062

1. Entity Name

COMMUNITY ASSOCIATIONS INSTITUTE OF FLORIDA, INC

Principal Place of Business

Mailing Address

2860 FALLING TREE CIR  
ORLANDO FL 32837  
US

P.O. BOX 770184  
ORLANDO FL 32877-0184  
US

2. Principal Place of Business

Mailing Address

2721 FALLING TREE CIR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Orlando FL

Zip

Country

Zip

Country

4. FEI Number

59-2372113

Applied For

Not Applied For

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

DANTUMA, MARY  
GLEICKSTEIN, LAVAL, ET AL  
2100 LEE RD, SUITE A  
WINTER PARK FL 32789

GLICKSTEIN,  
LAVAL

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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	RING, ARLENE FRANCIS	
STREET ADDRESS	1065 MAITLAND CNTR COMMONS BLVD	
CITY-ST-ZIP	MAITLAND FL 32751	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MALCHOW, HELEN A	
STREET ADDRESS	1305 E ROBINSON ST. STE C	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	DANTUMA, MARY C	
STREET ADDRESS	2100 LEE ROAD STE A	
CITY-ST-ZIP	WINTER PARK FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	JONES, ED	
STREET ADDRESS	1195 EAST ALTAMONTE DRIVE	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	
TITLE	DVP	<input checked="" type="checkbox"/> Delete
NAME	SPEARS, DICK	
STREET ADDRESS	9132 RIDGE PINE TRL	
CITY-ST-ZIP	ORLANDO FL 32819	
TITLE	D	<input type="checkbox"/> Delete
NAME	LARSEN, RICHARD	
STREET ADDRESS	34 E. PINE STREET	
CITY-ST-ZIP	ORLANDO FL 32801	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ED QUIRK	
STREET ADDRESS	10 E. MONUMENT AV	
CITY-ST-ZIP	KISSIMMEE FL 34741	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COLLEEN BRADEN	
STREET ADDRESS	1900 Summit Tower Blvd	
CITY-ST-ZIP	#820 Orlando FL 32810	
TITLE	T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RON COLE	
STREET ADDRESS	2185 N. PARK AV. SUITE 7	
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE	VP/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DON SCHAUS	
STREET ADDRESS	1836 Osman Av	
CITY-ST-ZIP	Orlando FL 32806	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MICHELLE DUGAN	
STREET ADDRESS	118 DE LEON RD	
CITY-ST-ZIP	Cocoa Bch FL 32931	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Tracey Callies	
STREET ADDRESS	435 Douglas Av	
CITY-ST-ZIP	Altamonte Spgs FL 32711	

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: EDWARD E. QUIRK

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/6/00 407-846-7765