

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000000062

1. Entity Name

COMMUNITY ASSOCIATIONS INSTITUTE OF FLORIDA, INC

Principal Place of Business

4702 GARDENBROOK LN  
ORLANDO FL 32821  
US

Mailing Address

PO BOX 770566  
ORLANDO FL 32877-0566  
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

59-2372113

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

MALCHOW, HELENA  
1305 E ROBINSON ST  
SUITE C  
ORLANDO FL 32801

Name

Judith M. Lancaster

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

4702 Gardenbrook Lane

City

Orlando

FL

Zip Code

32821

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 PD  
NAME QUIRK, ED  
STREET ADDRESS 10 E MONUMENT AVE  
CITY-ST-ZIP KISSIMMEE FL 34741

☒ Delete

TITLE SD  
NAME MALCHOW, HELEN A  
STREET ADDRESS 1305 E ROBINSON ST. STE C  
CITY-ST-ZIP ORLANDO FL

☒ Delete

TITLE D  
NAME MORGAN, LOUIS  
STREET ADDRESS 1320 N SEMORAN BLVD, SUITE 214  
CITY-ST-ZIP ORLANDO FL 32807

☐ Delete

TITLE D  
NAME BLINDER, HAROLD  
STREET ADDRESS 7900 MIAMI LAKES DR W  
CITY-ST-ZIP MIAMI LAKES FL 33016

☐ Delete

TITLE TD  
NAME COLE, RON  
STREET ADDRESS 2185 N PARK AVE., STE 7  
CITY-ST-ZIP ORLANDO FL 32806

☐ Delete

TITLE D  
NAME DUGAN, MICHELLE  
STREET ADDRESS 118 DELEON RD  
CITY-ST-ZIP COCOA BEACH FL 32931

☐ Delete

TITLE PD  
NAME Michael House  
STREET ADDRESS 52 E. South St.  
CITY-ST-ZIP Orlando, FL 32801

☒ Change ☐ Addition

TITLE D  
NAME Lou Riron  
STREET ADDRESS 18500 U.S. Hwy 441  
CITY-ST-ZIP Mt. Dora, FL 32757

☐ Change ☒ Addition

TITLE D  
NAME Alice Friedman  
STREET ADDRESS c/o 1900 Summit Avenue  
CITY-ST-ZIP Orlando, FL 32810

☐ Change ☒ Addition

TITLE VP-D  
NAME Chris Draper  
STREET ADDRESS 2500 Maitland Center Pkwy  
CITY-ST-ZIP Maitland, FL 32751

☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

CR2E037 (9/01)

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

MICHAEL HOUSE 4/29/02

FILED  
May 09, 2002 8:00 am  
Secretary of State

05-09-2002 90034 017 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE