

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000003360

1. Entity Name

CENTRAL FLORIDA FLOORCOVERING ASSOCIATION, INC.

Principal Place of Business

Mailing Address

CFFA
P.O. BOX 272409
TAMPA FL 33688-2409

CFFA
P.O. BOX 272409
TAMPA FL 33688-2409

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

59-3194231

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

THOMAS, JOSEPH W E.A.
3315 U.S. HIGHWAY 98 SOUTH
LAKELAND FL 33803-8365

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P ☐ Delete
NAME MOLEY, SANDY
STREET ADDRESS 4201 W WATERS AVE
CITY-ST-ZIP TAMPA FL

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

TITLE VP ☐ Delete
NAME MARLOW, PATRICK
STREET ADDRESS PO BOX 22571
CITY-ST-ZIP ST PETERSBURG FL 33742

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

TITLE T ☐ Delete
NAME GILLEY, JANICE
STREET ADDRESS 4215 RECKER HIGHWAY
CITY-ST-ZIP WINTER HAVEN FL 33880

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

TITLE S ☐ Delete
NAME ROE, STEPHEN
STREET ADDRESS PO BOX 22571
CITY-ST-ZIP ST PETERSBURG FL 33742

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

TITLE D ☐ Delete
NAME HART, PENNY
STREET ADDRESS 4602 E. BROADWAY
CITY-ST-ZIP TAMPA FL 33605

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

TITLE D ☐ Delete
NAME APOSTOLOPAS, GEORGE
STREET ADDRESS 2860 AOE 22 NORTH
CITY-ST-ZIP ST PETERSBURG FL 3713

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:

Janice Gilley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-00

Date

863-294-2379

Daytime Phone #

CR2E037 (9/99)

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90049 044 ****61.25



DO NOT WRITE IN THIS SPACE