

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

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90097 004 ****61.25

DOCUMENT # N93000005026

1. Entity Name

CENTRAL FLORIDA TRAVEL EXECUTIVES, INC.



Principal Place of Business

**PO BOX 540743
ORLANDO FL 32804**

Mailing Address

**PO BOX 540743
ORLANDO FL 32804**

11008897



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 **59-1424500**

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

**BREWER, JANET E
P.O. BOX 533147
1100 EAST COLONIAL DRIVE
ORLANDO FL 32853**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Janet E Brewer, Treasurer Janet E Brewer

4-21-03

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Delete
NAME	SHAMBLIN, TAMMY	
STREET ADDRESS	1547 LAWDALE CIR.	
CITY-ST-ZIP	WINTER PARK FL 32792	
TITLE	VP	<input type="checkbox"/> Delete
NAME	CHRISTIAN, NANCY	
STREET ADDRESS	1027 GOLFSIDE	
CITY-ST-ZIP	WINTER PARK FL 32792	
TITLE	D	<input type="checkbox"/> Delete
NAME	FOWLER, PEGGY	
STREET ADDRESS	201 PERTH COURT	
CITY-ST-ZIP	WINTER SPRINGS FL 32708	
TITLE	D	<input type="checkbox"/> Delete
NAME	RYKACZEWSKI, JEAN	
STREET ADDRESS	4607 ALMARK DR.	
CITY-ST-ZIP	ORLANDO FL 32839	
TITLE	VP	<input type="checkbox"/> Delete
NAME	DUCKWORTH, PAT	
STREET ADDRESS	7001 SKYLANE DRIVE	
CITY-ST-ZIP	ORLANDO FL 32819	
TITLE	D	<input type="checkbox"/> Delete
NAME	PATERSON, ALBA	
STREET ADDRESS	600 NORTHERN WAY	
CITY-ST-ZIP	WINTER SPRINGS FL 32708	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

Janet E Brewer

401-423-7223

4-21-03

CR2E037 (10/02)