

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000005356

1. Entity Name

COLONIAL TOWN CENTER BUSINESS ASSOCIATION, INC.

FILED

Jul 07, 2000 8:00 am  
Secretary of State

07-07-2000 90459 039 \*\*\*\*61.25

Principal Place of Business

Mailing Address

1040 WOODCOCK RD  
STE 214  
ORLANDO FL 32803  
US

1040 WOODCOCK RD  
STE 214  
ORLANDO FL 32803-3510  
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

59-3217153

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

HOEQUIST, CHARLES E  
3191 MAGUIRE BLVD.  
SUITE 167  
ORLANDO FL 32803

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 type="checkbox"/> Delete
NAME	CETRONE, DAN	
STREET ADDRESS	1040 WOODCOCK RD STE 214	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	DUDLEY, DONALD	
STREET ADDRESS	P.O. BOX 140875 N/A	
CITY-ST-ZIP	ORLANDO FL 32814	
TITLE	D	<input type="checkbox"/> Delete
NAME	TIPTON, WILLIAM E SR	
STREET ADDRESS	760 MAGUIRE BLVD.	
CITY-ST-ZIP	ORLANDO FL 32803	
TITLE	T	<input type="checkbox"/> Delete
NAME	FOSTOFF, ELLEN	
STREET ADDRESS	1040 WOODCOCK RD STE 214	
CITY-ST-ZIP	ORLANDO FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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		
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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:

~~SIGNATURE REQUIRED~~ DAN CETRONE

6/29/00 407-894-7842

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #