

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000005356

1. Entity Name

COLONIAL TOWN CENTER BUSINESS ASSOCIATION, INC.

FILED
Jul 02, 2001 8:00 am
Secretary of State

07-02-2001 90165 005 ****61.25

A0075546



DO NOT WRITE IN THIS SPACE

Principal Place of Business
1040 WOODCOCK RD
STE 214
ORLANDO FL 32803
US

Mailing Address
1040 WOODCOCK RD
STE 214
ORLANDO FL 32803
US

2. Principal Place of Business
4270 ALOMA AVE
Suite, Apt. #, etc.
#124-61C

3. Mailing Address
4270 ALOMA AVE
Suite, Apt. #, etc.
#124-61C

City & State
WINTER PARK, FL

City & State
WINTER PARK, FL

Zip
32792

Country
US

Zip
32792

Country
US

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

7. Name and Address of New Registered Agent
Name
DAN CETRONE
Street Address (P.O. Box Number is Not Acceptable)
4270 ALOMA AVE #124-61C
City
WINTER PARK FL Zip Code
32792

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 DAN CETRONE DIR 6/10/01
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 NAME STREET ADDRESS CITY-ST-ZIP	D CETRONE, DAN 1040 WOODCOCK RD STE 214 ORLANDO FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUDLEY, DONALD P.O. BOX 140875 N/A ORLANDO FL 32814	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TIPTON, WILLIAM E SR 760 MAGUIRE BLVD. ORLANDO FL 32803	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FOSTOFF, ELLEN 1040 WOODCOCK RD STE 214 ORLANDO FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Mary Ann Ruggiero 1337 Brandy Lake View Circle Winter Garden FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4270 ALOMA AVE #124-61C WINTER PARK, FL 32792
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4270 ALOMA AVE #124-61C WINTER PARK, FL 32792
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D Mary Ann Ruggiero 1337 Brandy Lake View Circle Winter Garden, FL 34187
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D Barbara Middleton 592 Little River Loop 207 Altamonte Springs FL 32714

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: DAN CETRONE 6/10/01 407-894-7842

CR2E037 (10/00)