

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 21, 2001 8:00 am
Secretary of State

03-21-2001 90057 024 ****61.25

DOCUMENT # N94000001244

1. Entity Name

CENTRAL FLORIDA FOREIGN-TRADE ZONE, INC.

Principal Place of Business

**2300 VIRGINIA AVE
 FT PIERCE FL 34982**

Mailing Address

**2300 VIRGINIA AVE
 FT PIERCE FL 34982**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3231002

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**MINTON, MICHAEL D
 2300 VIRGINIA AVE
 FT PIERCE FL 34982**

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 **D** ☐ Delete
 NAME **CULPEPPER, JUDY**
 STREET ADDRESS **1812 HAZELWOOD DRIVE**
 CITY-ST-ZIP **FORT PIERCE FL 34982**

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

TITLE **D** ☐ Delete
 NAME **SMITH, VERNON**
 STREET ADDRESS **2211 OKEECHOBEE RD**
 CITY-ST-ZIP **FT PIERCE FL**

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

TITLE **C** ☐ Delete
 NAME **HEGENER, PAUL J**
 STREET ADDRESS **1740 SW ST LUCIE W BLVD**
 CITY-ST-ZIP **PORT ST LUCIE FL 34986**

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

TITLE **D** ☒ Delete
 NAME **CRAHAN, JACK**
 STREET ADDRESS **798 THANKSGIVING AVE**
 CITY-ST-ZIP **PORT ST. LUCIE FL 34984**

TITLE ☒ Change ☐ Addition
 NAME **RUDY HOWARD**
 STREET ADDRESS **8487 South U.S. 1**
 CITY-ST-ZIP **Port St. Lucie FL 34952**

TITLE **D** ☐ Delete
 NAME **BECKETT, DEWITT**
 STREET ADDRESS **C/O MICO AIRCRAFT CO., 3100 AIRMANS DR**
 CITY-ST-ZIP **FORT PIERCE FL 34946**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-15-01

561-340-3500

Date

Daytime Phone #

CR2E037 (10/00)