

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Mar 05, 2001 08:00 AM****Secretary of State****DOCUMENT # N94000002864****1. Entity Name**

CENTRAL FLORIDA ALPINE SKI CLUB, INC.

Principal Place of Business

608 PEREGRINE DR

INDIALANTIC
32903

FL

Mailing Address

608 PEREGRINE DR

INDIALANTIC
32903

FL

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**59-3252492**

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**DERATANY DANIEL D
608 PEREGRINE DRINDIALANTIC
32903

FL

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

03/05/2001

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

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	NAME	STREET ADDRESS	CITY-ST-ZIP	FL	Change	Addition
D	DERATANY TODD	105 S. RIVERSIDE DR.	INDIALANTIC	FL	<input type="checkbox"/>	<input type="checkbox"/>
VP	YOUNG BILL	790 LIME AVE., N.W.	PALM BAY	FL	<input type="checkbox"/>	<input type="checkbox"/>
D	HUAU JOE	405 PENGUIN DRIVE	SATELITE BEACH	FL	<input type="checkbox"/>	<input type="checkbox"/>
PD	DERATANY DEBORAH D	608 PEREGRINE DR	INDIALANTIC	FL 32903	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:**

JOE HUAU

D

03/05/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)