

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2000 8:00 am
Secretary of State

04-03-2000 90153 022 ****61.25

DOCUMENT # N94000004334

1. Entity Name

CITRUS FIGURE SKATING CLUB, INC.

Principal Place of Business

Mailing Address

5336 HILLSIDE DR.
 ORLANDO FL 32810
 US

5336 HILLSIDE DR.
 ORLANDO FL 32810-1712
 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

59-3245438

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

SCHENKER, DIETGARD E
385 SPRING LAKE HILLS DR.
ALTAMONTE SPRINGS FL 32714

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 | P | <input type="checkbox"/> Delete |
| NAME | SCHENKER, DIETGARD | |
| STREET ADDRESS | 385 SPRING LAKE HILLS DR | |
| CITY-ST-ZIP | ALTAMONTE SPRINGS FL | |
| TITLE | VP | <input type="checkbox"/> Delete |
| NAME | MATHEWS, KATE | |
| STREET ADDRESS | 312 MERRIE OAKS RD | |
| CITY-ST-ZIP | WINTER PARK FL | |
| TITLE | DS | <input type="checkbox"/> Delete |
| NAME | MCELWAIN, ELLEN | |
| STREET ADDRESS | 5336 HILL SIDE DR | |
| CITY-ST-ZIP | ORLANDO FL | |
| TITLE | T | <input checked="" type="checkbox"/> Delete |
| NAME | FRIENDMAN, CHARLES | |
| STREET ADDRESS | 234 IBIS RD | |
| CITY-ST-ZIP | LONGWOOD FL | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | BANTON, ANN | |
| STREET ADDRESS | 8106 BRITT DR | |
| CITY-ST-ZIP | ORLANDO FL | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | HANUSCHIK, MARTI | |
| STREET ADDRESS | 7619 PINEMOUNT DR | |
| CITY-ST-ZIP | ORLANDO FL | |

| | | |
|----------------|-------------------------------|---|
| 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 |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Cindy Jones | |
| STREET ADDRESS | 1785 Sundance Dr. | |
| CITY-ST-ZIP | St. Cloud, FL 34771 | |
| TITLE | | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Membership chair | |
| STREET ADDRESS | Lourdes Acevedo | |
| CITY-ST-ZIP | 1720 Kasey Ct. | |
| | Kissimmee, FL 34744 | |
| TITLE | | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Lisbonne Buckley-Lewis | |
| STREET ADDRESS | 4406 Glenns Landing | |
| CITY-ST-ZIP | Winter Haven, FL 33884 | |

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:

Ellen McElwain
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

407 298-6488

Daytime Phone #

CR2E037 (9/99)