

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 05, 2001 8:00 am
Secretary of State

04-05-2001 90440 010 ****61.25

DOCUMENT # N94000004334

1. Entity Name

CITRUS FIGURE SKATING CLUB, INC.

Principal Place of Business

5336 HILLSIDE DR.
 ORLANDO FL 32810
 US

Mailing Address

5336 HILLSIDE DR.
 ORLANDO FL 32810
 US

2. Principal Place of Business

THE ICE FACTORY

Suite, Apt. #, etc.

2221 Partin Settlement Road

3. Mailing Address

7338 Woodbriar Court

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Kissimmee, FL

City & State

Orlando, FL

4. FEI Number

59-3245438

Applied For

Not Applicable

Zip

34744

Country

USA

Zip

32835

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

BORKES, NANCY M.

Street Address (P.O. Box Number is Not Acceptable)

7338 Woodbriar Court

City

Orlando

FL

Zip Code

32835

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

Nancy Milne Borkes

NANCY MILNE BORKES, PRESIDENT

DATE

3/27/01

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

(NOTE: Registered Agent signature required when reinstating)

**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 | <input type="checkbox"/> Delete |
|-------|-------------------------|--------------------------|-----------------------|-------------------------------------|
| P | SCHENKER, DIETGARD | 385 SPRING LAKE HILLS DR | ALTAMONTE SPRINGS FL | <input type="checkbox"/> |
| VP | MATHEWS, KATE | 312 MERRIE OAKS RD | WINTER PARK FL | <input checked="" type="checkbox"/> |
| DS | MCELWAIN, ELLEN | 5336 HILL SIDE DR | ORLANDO FL | <input type="checkbox"/> |
| T | JONES, CINDY | 1785 SUNDANCE DRIVE | SAINT CLOUD FL 34771 | <input checked="" type="checkbox"/> |
| D | ACEVEDO, LOURDES | 1720 KASEY COURT | KISSIMMEE FL 34744 | <input type="checkbox"/> |
| D | BUCKLEY-LEWIS, LISAANNE | 4406 GLENNS LANDING | WINTER HAVEN FL 33884 | <input checked="" type="checkbox"/> |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|--------------------|----------------------|------------------------|-------------------------------------|-------------------------------------|
| P | NANCY MILNE BORKES | 7338 WOODBRIAR COURT | ORLANDO, FL 32835 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| VP | JANET SUMMERTON | 2850 Shortleaf Court | KISSIMMEE, FL 34746 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| D | MCELWAIN, ELLEN | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| T | CYNTHIA LONG | 503 AVENUE T SE | WINTER HAVEN, FL 33880 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| S | ACEVEDO, LOURDES | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| D | SCHENKER, DIETGARD | | | <input checked="" 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)(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:

Nancy Milne Borkes
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NANCY MILNE BORKES, PRES. 3/27/01 407-285-8583
 Date Daytime Phone #

CR2E037 (10/00)