

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

May 19, 2002 8:00 am
Secretary of State

05-19-2002 90227 009 ****70.00

DOCUMENT # N94000004334

1. Entity Name

CITRUS FIGURE SKATING CLUB, INC.

Principal Place of Business

THE ICE FACTORY
2221 PARTIN SETTLEMENT RD
KISSIMMEE FL 34744
US

Mailing Address

7338 WOODBRIAR COURT
ORLANDO FL 32835
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

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

BORKES, NANCY M
7338 WOODBRIAR COURT
ORLANDO FL 32835

7. Name and Address of New Registered Agent

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

TITLE	P	<input type="checkbox"/> Delete
NAME	BORKES, NANCY M	
STREET ADDRESS	7338 WOODBRIAR COURT	
CITY-ST-ZIP	ORLANDO FL 32835	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	SUMMERTON, JANET	
STREET ADDRESS	2850 SHORTLEAF COURT	
CITY-ST-ZIP	KISSIMMEE FL 34746	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MCELWAIN, ELLEN	
STREET ADDRESS	5336 HILL SIDE DR	
CITY-ST-ZIP	ORLANDO FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	LONG, CYNTHIA	
STREET ADDRESS	503 AVENUE J SE	
CITY-ST-ZIP	WINTER HAVEN FL 33880	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	ACEVEDO, LOURDES	
STREET ADDRESS	1720 KASEY COURT	
CITY-ST-ZIP	KISSIMMEE FL 34744	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SCHENKER, DIETGARD	
STREET ADDRESS	4406 GLENNS LANDING	
CITY-ST-ZIP	WINTER HAVEN FL 33884	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMPSON, LINDA	
STREET ADDRESS	828 Spring Park Loop	
CITY-ST-ZIP	Celebration, FL 34747	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KLINKER, PAMELA	
STREET ADDRESS	5502 San Gabriel Way	
CITY-ST-ZIP	ORLANDO, FL 32837	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ACEVEDO, LOURDES	
STREET ADDRESS	1443 Kingston Way	
CITY-ST-ZIP	KISSIMMEE, FL 34744	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARTY HANUSCHNIK, MARTY	
STREET ADDRESS	7619 PINEMOUNT DRIVE	
CITY-ST-ZIP	ORLANDO, FL 32819	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCOTT, CATHERINE	
STREET ADDRESS	7910 SARAPDINT Blvd.	
CITY-ST-ZIP	ORLANDO, FL 32819	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STEWART, LINDA	
STREET ADDRESS	2635 TRYON PLACE	
CITY-ST-ZIP	WINDHAM, FL 34786	

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)

ADDENDUM to Document # N94000064334

Citrus Figure Skating Club, Inc. 194142

One Additional Director:

D.

Teresa Walden

335 Goltside Cove

Longwood, FL 32779