

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N94000004334

FILED  
Apr 30, 2003  
Secretary of State

Entity Name: CITRUS FIGURE SKATING CLUB, INC.

**Current Principal Place of Business:**

THE ICE FACTORY  
2221 PARTIN SETTLEMENT RD  
KISSIMMEE, FL 34744 US

**New Principal Place of Business:**

**Current Mailing Address:**

7338 WOODBRIAR COURT  
ORLANDO, FL 32835 US

**New Mailing Address:**

FEI Number: 59-3245438

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BORKES, NANCY M  
7338 WOODBRIAR COURT  
ORLANDO, FL 32835 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: BORKES, NANCY M  
Address: 7338 WOODBRIAR COURT  
City-St-Zip: ORLANDO, FL 32835

Title: V ( ) Delete  
Name: KLINKER, PAMELA  
Address: 5502 SAN GABRIEL WAY  
City-St-Zip: ORLANDO, FL 32837

Title: D ( ) Delete  
Name: ACEVEDO, LOURDES  
Address: 1443 KINGSTON WAY  
City-St-Zip: KISSIMMEE, FL 34744

Title: T ( ) Delete  
Name: LONG, CYNTHIA  
Address: 503 AVENUE J SE  
City-St-Zip: WINTER HAVEN, FL 33880

Title: D ( ) Delete  
Name: SCOTT, CATHERINE  
Address: 7910 SANDPOINT BLVD  
City-St-Zip: ORLANDO, FL 32819

Title: D ( ) Delete  
Name: STEWARD, LINDA  
Address: 2635 TRYON PLACE  
City-St-Zip: WINDERMERE, FL 34786

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: V (X) Change ( ) Addition  
Name: KLINKER, PAMELA  
Address: 5502 SAN GABRIEL WAY  
City-St-Zip: ORLANDO, FL 32837 US

Title: D (X) Change ( ) Addition  
Name: THOMPSON, LINDA  
Address: 828 SPRING PARK LOOP  
City-St-Zip: CELEBRATION, FL 34747 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: HANUSCHICK, MARTI  
Address: 7619 PINEMOUNT DRIVE  
City-St-Zip: ORLANDO, FL 32819

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NANCY M. BORKES

P

04/30/2003

Electronic Signature of Signing Officer or Director

Date