2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # N94000004881 Apr 12, 2000 8:00 am Secretary of State 1. Entity Name CENTRAL FLORIDA NAUI CHAPTER, INC. 04-12-2000 90061 007 ****61.25 Mailing Address Principal Place of Business 102 E MAPLE STREET 102 E MAPLE STREET WINTER GARDEN FL 34787 WINTER GARDEN FL 34787-3637 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3286302 Not Applicable Zip Country \$8.75 Additional Country 5.-Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) MASHBURN, ERIC S 102 E MAPLE STREET WINTER GARDEN FL 34787 City Zip Code FI 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Make Check Payable to FILE NOW: 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State **FEE IS \$61.25** OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. □ Change Addition TITLE ☐ Delete TITLE BARBAY, CHAD L NAME NAME STREET ADDRESS 571 STARSTONE DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LK MARY FL ☐ Change ☐ Addition TITLE TITLE ☐ Delete CRAWN, MICHAEL NAME NAME STREET ADDRESS 11213 FINCHLEY PL STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32837 ☐ Change Addition TITLE Delete TITLE ROLF, HARRY NAME NAME STREET ADDRESS STREET ADDRESS 1550 RIDGEWOOD AVE CITY-ST-ZIP CITY-ST-ZIF MAITLAND FL 32751 Addition ☐ Change TITLE ☐ Delete TITLE SUGDEN, HERBERT J JR NAME NAME STREET ADDRESS 2150 KURT COURT STREET ADDRESS CITY-ST-ZIP APOPKA FL 32703 CITY-ST-ZIP Addition TITLE ☐ Delete Change TEDESCO, SUSAN F. NAME 10705-7 ROCKET BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32824 ☐ Delete ☐ Change Addition TITLE WEAVER, TAMMY NAME NAME STREET ADDRESS 10705-7 ROCKET BLVD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32824

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