

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 26, 2001 8:00 am**  
**Secretary of State**

02-26-2001 90539 002 \*\*\*\*61.25

**DOCUMENT # N96000005612**

1. Entity Name

**RAFMAN CLUB, INCORPORATED**

Principal Place of Business

**2423 CARIBBEAN COURT  
 ORLANDO FL 32805**

Mailing Address

**2423 CARIBBEAN COURT  
 ORLANDO FL 32805**

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

**NOT APPLICABLE**

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

**JORDAN, GEORGE  
 2423 CARIBBEAN COURT  
 ORLANDO FL 32805**

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 George Jordan

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** ☐ Delete  
 NAME **JORDAN, GEORGE**  
 STREET ADDRESS **2423 CARIBBEAN COURT**  
 CITY-ST-ZIP **ORLANDO FL 32805**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **VP** ☐ Delete  
 NAME **COBB, ALBERT**  
 STREET ADDRESS **1414 SERISSA COURT**  
 CITY-ST-ZIP **ORLANDO FL 32818**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **BM** ☒ Delete  
 NAME **AUSTIN, CHARLES**  
 STREET ADDRESS **2103 W. AMELIA ST**  
 CITY-ST-ZIP **ORLANDO FL 32808**

TITLE ☒ Change ☐ Addition  
 NAME **Watters, Mark**  
 STREET ADDRESS **3283 E1 Primo Way**  
 CITY-ST-ZIP **Orlando, FL 32808**

TITLE **D** ☐ Delete  
 NAME **JARVIS, ARTHUR**  
 STREET ADDRESS **1922 FOXBORO DRIVE**  
 CITY-ST-ZIP **ORLANDO FL 32812**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D** ☐ Delete  
 NAME **THOMAS, CLARENCE**  
 STREET ADDRESS **638 CANNON RIDGE DRIVE, #327**  
 CITY-ST-ZIP **ORLANDO FL 32818**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D** ☒ Delete  
 NAME **CARTER, THOMAS**  
 STREET ADDRESS **4128 ARAJO COURT**  
 CITY-ST-ZIP **ORLANDO FL**

TITLE ☒ Change ☐ Addition  
 NAME **RANDIE, JIMMIE**  
 STREET ADDRESS **2609 Marquise Ct**  
 CITY-ST-ZIP **Orlando, FL 32805**

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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)

0026493