

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 11, 2002 8:00 am
Secretary of State
 03-11-2002 90085 019 ****61.25

DOCUMENT # N96000005612

1. Entity Name
RAFMAN CLUB, INCORPORATED

Principal Place of Business Mailing Address
2423 CARIBBEAN COURT **2423 CARIBBEAN COURT**
ORLANDO FL 32805 **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



DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
NOT APPLICABLE Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
JORDAN, GEORGE
2423 CARIBBEAN COURT
ORLANDO FL 32805

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 _____ DATE _____
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	P	<input type="checkbox"/> Delete
NAME	JORDAN, GEORGE	
STREET ADDRESS	2423 CARIBBEAN COURT	
CITY-ST-ZIP	ORLANDO FL 32805	
TITLE	VP	<input type="checkbox"/> Delete
NAME	COBB, ALBERT	
STREET ADDRESS	1414 SERISSA COURT	
CITY-ST-ZIP	ORLANDO FL 32818	
TITLE	BM	<input checked="" type="checkbox"/> Delete
NAME	WATTERS, MARK	
STREET ADDRESS	3283 EL PRIMO WAY	
CITY-ST-ZIP	ORLANDO FL 32808	
TITLE	D	<input type="checkbox"/> Delete
NAME	JARVIS, ARTHUR	
STREET ADDRESS	1922 FOXBORO DRIVE	
CITY-ST-ZIP	ORLANDO FL 32812	
TITLE	D	<input type="checkbox"/> Delete
NAME	THOMAS, CLARENCE	
STREET ADDRESS	636 CANNON RIDGE DRIVE, #327	
CITY-ST-ZIP	ORLANDO FL 32818	
TITLE	D	<input type="checkbox"/> Delete
NAME	RANDLE, JIMMIE	
STREET ADDRESS	2609 MARQUISE CT	
CITY-ST-ZIP	ORLANDO FL 32805	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BM	
STREET ADDRESS	KELLY, WALT	
CITY-ST-ZIP	3380 AMACA CIRCLE	
	ORLANDO, FL 32837 (32837)	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *George D. Jordan* Date: **2/25/02** Daytime Phone #: **407-841-8378**

CR2E037 (9/01)