

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000005358

1. Entity Name

CENTRAL FLORIDA BUILDING MAINTENANCE APPRENTICES

Principal Place of Business

955 E. STORY ROAD
WINTER GARDEN FL 34787

Mailing Address

P.O. BOX 420492
KISSIMMEE FL 34742

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

59-3364773

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WARD, DENNIS
955 E. STORY ROAD
WINTER GARDEN FL 34787

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 DC ☐ Delete
NAME WARD, DENNIS
STREET ADDRESS 5805 PITCH PINE DR
CITY-ST-ZIP ORLANDO FL 32819

TITLE TS ☐ Delete
NAME KERR, JOHN
STREET ADDRESS 2700 MYERS RD
CITY-ST-ZIP KISSIMMEE FL 34743

TITLE D ☐ Delete
NAME PANOCRA, JR J
STREET ADDRESS 3245 THUNDER CLOUD DR
CITY-ST-ZIP KISSIMMEE FL 34746

TITLE D ☐ Delete
NAME CICERO, LEN
STREET ADDRESS 14221 JABOT LN
CITY-ST-ZIP ORLANDO FL 32837

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

TITLE ☐ Change ☐ 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: SIGNATURE REQUIRED

9/1/01

407997-1123

FILED
01 SEP 28 PM 3:52
SECRETARY OF STATE
TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)