

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000005117

1. Entity Name

CELEBRATION CHAPTER, SPEBSQSA, INC.

**FILED**  
**Apr 21, 2000 8:00 am**  
**Secretary of State**

04-21-2000 90111 048 \*\*\*\*61.25

Principal Place of Business

Mailing Address

35 VAGABOND LANE  
WINTER HAVEN FL 33881

35 VAGABOND LANE  
WINTER HAVEN FL 33881-9229

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

59-3492126

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

MURPHY, TIMOTHY  
8000 BRIDGESTONE DR  
ORLANDO FL 32835

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete  
NAME SHAW, RICHARD M  
STREET ADDRESS 35 VAGABOND LANE  
CITY-ST-ZIP WINTER HAVEN FL 33881

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

TITLE VPD ☐ Delete  
NAME PARKER, DOUGLAS  
STREET ADDRESS 3336 HILLMONT CIR  
CITY-ST-ZIP ORLANDO FL 32817

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

TITLE VPD ☒ Delete  
NAME COOP, ALAN  
STREET ADDRESS 2121 WINSONIA LOOP  
CITY-ST-ZIP WINTER HAVEN FL 33881

TITLE ☐ Change ☒ Addition  
NAME VPD DENNIS, DON  
STREET ADDRESS 8000 BRIDGESTONE DR  
CITY-ST-ZIP ORLANDO FL 32835

TITLE SD ☐ Delete  
NAME MURPHY, TIMOTHY  
STREET ADDRESS 8000 BRIDGESTONE DR  
CITY-ST-ZIP ORLANDO FL 32835

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

TITLE TD ☒ Delete  
NAME DENNIS, DON  
STREET ADDRESS 8000 BRIDGESTONE DR  
CITY-ST-ZIP ORLANDO FL 32835

TITLE ☐ Change ☒ Addition  
NAME TD SHILEY, BRIAN  
STREET ADDRESS 4308 HAMMERSMITH DRIVE  
CITY-ST-ZIP CLERMONT, FL 34711

TITLE ☐ Delete  
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 AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

TIMOTHY J. MURPHY 4/13/00 407-822-3723

CR2E037 (9/99)