

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2002 8:00 am
Secretary of State

0045149

DOCUMENT # N98000005117

1. Entity Name

CELEBRATION CHAPTER, SPEBSQSA, INC.

04-11-2002 90705 014 ****61.25

Principal Place of Business 35 VAGABOND LANE WINTER HAVEN FL 33881	Mailing Address 35 VAGABOND LANE WINTER HAVEN FL 33881
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2. Principal Place of Business 8000 Bridgestone Dr	3. Mailing Address 8000 Bridgestone Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Orlando FL	City & State Orlando FL
Zip 32835	Country USA
Zip 32835	Country USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3492126	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SHILEY, BRIAN
4308 HAMMERSMITH DRIVE
CLERMONT FL 34711

7. Name and Address of New Registered Agent

Name **DON DENNIS**

Street Address (P.O. Box Number is Not Acceptable)
8000 BRIDGESTONE DR

City **Orlando** FL Zip Code **32835**

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]* **DON DENNIS, PRESIDENT** **3/21/02**

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. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SHAW, RICHARD M 35 VAGABOND LANE WINTER HAVEN FL 33881	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD PARKER, DOUGLAS 3336 HILLMONT CIR ORLANDO FL 32817	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD DENNIS, DON 8000 BRIDGESTONE DRIVE ORLANDO FL 32835	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MURPHY, TIMOTHY 8000 BRIDGESTONE DR ORLANDO FL 32835	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SHIRLEY, BRIAN 4308 HAMMERSMITH DRIVE CLERMONT FL 34711	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DENNIS, DON 8000 BRIDGESTONE DR. ORLANDO, FL 32835	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP D HAMACHER, GARY 2127 LAWSONIA LOOP WINTER HAVEN, FL 33881	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP D SCHROEDER, GREGORY P.O. Box 470223 CELEBRATION, FL 34747	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MICHAEL RICHARDSON 11666 PURPLE LILAC Circle ORLANDO, FL 32837	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T D MICHAEL RUTH 3606 Prince Charles Dr. DAVENPORT, FL 33837	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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]* **SIGNATURE MICHAEL RICHARDSON SEC. 3/21/2 (407) 888-8513**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)