

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **N98000005117**

1. Entity Name

CELEBRATION CHAPTER, SPEBSQSA, INC.



Principal Place of Business

8000 BRIDGESTONE DR  
ORLANDO FL 32835

Mailing Address

8000 BRIDGESTONE DR  
ORLANDO FL 32835

2. Principal Place of Business

11668 Purple Lilac Cir

Suite, Apt. #, etc.

3. Mailing Address

11668 Purple Lilac Cir

Suite, Apt. #, etc.

City & State

ORLANDO, FL

City & State

ORLANDO, FL

Zip

32837

Zip

32837

Country

USA

Country

USA

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

DENNIS, DON  
8000 BRIDGESTONE DR  
ORLANDO FL 32835

7. Name and Address of New Registered Agent

**MICHAEL RICHARDSON**

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

11668 Purple Lilac Circle  
City ORLANDO Zip 32837

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

**MICHAEL RICHARDSON**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**2/27/03**

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution.

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Florida Department of State

**10. OFFICERS AND DIRECTORS**

VPD  
HAMACHER, GARY  
2127 LAWSONIA LOOP  
WINTER HAVEN FL 33881

Delete

VPD  
SCHROEDER, GREGORY  
PO BOX 470223  
CELEBRATION FL 34747

Delete

PD  
DENNIS, DON  
8000 BRIDGESTONE DRIVE  
ORLANDO FL 32835

Delete

SD  
RICHARDSON, MICHAEL  
11668 PURPLE LILAC CIRCLE  
ORLANDO FL 32837

Delete

TD  
RUTH, MICHAEL  
368 PRINCE CHARLES DR  
DAVENPORT FL 33837

Delete

Delete

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:

**SIGLAURE MICHAELED RICHARDSON**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/27/03**

**407-808-8673**

Daytime Phone #

CR2E037 (10/02)