

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

FILED
Apr 25, 2003 8:00 am
Secretary of State

03-31-2003 90162 043 ****61.25

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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

11666 PURPLE LILAC CIR
Suite, Apt. #, etc.

3. Mailing Address

11666 PURPLE LILAC CIR
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State

ORLANDO FL

City & State

ORLANDO FL

4. FEI Number 59-3492126

Applied For

Not Applicable

Zip 32837

Country USA

Zip 32837

Country USA

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

Name MICHAEL RICHARDSON

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

11666 PURPLE LILAC CIRCLE

City ORLANDO

FL

Zip Code 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

2/27/03

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
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE VPD
NAME HAMACHER, GARY
STREET ADDRESS 2127 LAWSONIA LOOP
CITY-ST-ZIP WINTER HAVEN FL 33881 ☒ Delete

TITLE VPD
NAME SCHROEDER, GREGORY
STREET ADDRESS PO BOX 470223
CITY-ST-ZIP CELEBRATION FL 34747 ☒ Delete

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

TITLE SD
NAME RICHARDSON, MICHAEL
STREET ADDRESS 11666 PURPLE LILAC CIRCLE
CITY-ST-ZIP ORLANDO FL 32837 ☐ Delete

TITLE TD
NAME RUTH, MICHAEL
STREET ADDRESS 368 PRINCE CHARLES DR
CITY-ST-ZIP DAVENPORT FL 33837 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D.S.D.
NAME MICHAEL RICHARDSON
STREET ADDRESS 11666 PURPLE LILAC CIRCLE
CITY-ST-ZIP ORLANDO, FL 32837 ☒ Change ☐ Addition

TITLE V.P.D.
NAME ROBERT FIELDS
STREET ADDRESS 7509 CLEMENTINE WAY
CITY-ST-ZIP ORLANDO, FL 32819 ☐ Change ☒ Addition

TITLE V.P.D.
NAME RICHARD SHAW
STREET ADDRESS 35 VAGABOND LANE
CITY-ST-ZIP WINTER HAVEN, FL 33881 ☐ Change ☒ Addition

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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 MICHAEL RICHARDSON

2/27/03

407.888.8873

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2037 (10/02)