

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N98000005147**

1. Entity Name

CENTRAL FLORIDA FIGURE SKATING ASSOCIATION, INC.**FILED**
Feb 04, 2000 8:00 am
Secretary of State

02-04-2000 90062 022 ****61.25

Principal Place of Business

Mailing Address

**8701 MAITLAND SUMMITT BOULEVARD
ORLANDO FL 32810****8701 MAITLAND SUMMITT BOULEVARD
ORLANDO FL 32810-5915**

2. Principal Place of Business

3. Mailing Address

P.O. Box 940725

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Maitland, FL 32794-0725

4. FEI Number

59-3535968

Applied For

Not Applicable

Zip

Country

32794-0725**Orange**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

**LOUV, ARTHUR R
801 NORTH MAGNOLIA AVENUE
SUITE 201
ORLANDO FL 32803**Name **Berry J. Walker, Jr., Esquire**Street Address (P.O. Box Number is Not Acceptable)
235 S. Maitland Avenue**Suite 216**City **Maitland****FL**Zip Code
32751

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

Berry J. Walker, Jr., Esquire**1/28/00**

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 **WILSON, LORI**
STREET ADDRESS **8701 MAITLAND SUMMITT BOULEVARD**
CITY-ST-ZIP **ORLANDO FL 32810**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **VD** ☒ Delete
NAME **FRIEDMAN, CHUCK**
STREET ADDRESS **8701 MAITLAND SUMMITT BOULEVARD**
CITY-ST-ZIP **ORLANDO FL 32810**TITLE ☐ Change ☐ Addition
NAME **SANDRA MARTINEZ**
STREET ADDRESS **8701 MAITLAND SUMMIT BLVD.**
CITY-ST-ZIP **ORLANDO FL 32810**TITLE **TD** ☒ Delete
NAME **FLUTY, CYNTHIA**
STREET ADDRESS **8701 MAITLAND SUMMITT BOULEVARD**
CITY-ST-ZIP **ORLANDO FL 32810**TITLE ☐ Change ☐ Addition
NAME **JAMES ARNEMANN**
STREET ADDRESS **8701 MAITLAND SUMMIT BLVD.**
CITY-ST-ZIP **ORLANDO, FL 32810**TITLE **SD** ☒ Delete
NAME **MARTINEZ, SANDRA**
STREET ADDRESS **8701 MAITLAND SUMMITT BOULEVARD**
CITY-ST-ZIP **ORLANDO FL 32810**TITLE ☐ Change ☐ Addition
NAME **JOANN SKOUSEN**
STREET ADDRESS **8701 MAITLAND SUMMIT BLVD.**
CITY-ST-ZIP **ORLANDO, FL 32810**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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:

LORI WILSON, President**1/28/00**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)