2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 21, 2001 8:00 am
Secretary of State
07-24-2001 90020 031 ****61.25

DOCUMENT # N98000005147

1. Entity Name

CENTRAL FLORIDA FIGURE SKATING ASSOCIATION, INC.

Principal Place of Business	Mailing Address
8701 MAITLAND SUMMITT BOULEVARD ORLANDO FL 32810	PO BOX 940725 MAITLAND FL 32794

[redacted]

DO NOT WRITE IN THIS SPACE

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 59-3535968 ☐ 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
WALKER, BERRY J JR ESQ 235 S MAITLAND AVENUE SUITE 216 MAITLAND FL 32751	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
After September 12, 2001, min. will be $236.25

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD WILSON, LORI 8701 MAITLAND SUMMITT BOULEVARD ORLANDO FL 32810	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	LORRI WILSON 456 BISON CIR. APOPKA, FL 32712 (PRES.) D	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD MARTINEZ, SANDRA 8701 MAITLAND SUMMITT BOULEVARD ORLANDO FL 32810	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	JOANN SKOUSEN 459 VIRGINIA DR. WINTER PARK, FL 32789 (V.P.) D	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD ARNEMANN, JAMES 8701 MAITLAND SUMMITT BOULEVARD ORLANDO FL 32810	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	JAMES ARNEMANN 5021 SWEET LEAF CT. (TREAS.) ALTAMONTE SPRINGS, FL 32714 D	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD SKOUSEN, JOANN 8701 MAITLAND SUMMITT BOULEVARD ORLANDO FL 32810	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	KATHY POWELL 600 LYNN ST. OVIEDO, FL 32765 (SECT.) D	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (5/01)

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: JAMES ARNEMANN SIGNATURE REQUIRED 7-23-01 407-896-0594 WK. 407-521-5767 HM.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #