

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2002 8:00 am
Secretary of State

02-03-2002 90008 012 ****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 32810PO BOX 940725
MAITLAND FL 32794

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

Name

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

City

FL

Zip Code

WALKER, BERRY J JR ESQ
235 S MAITLAND AVENUE
SUITE 216
MAITLAND FL 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.259. 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	<input checked="" type="checkbox"/> Delete
NAME	WILSON, LORI	
STREET ADDRESS	458 BISON CIR	
CITY-ST-ZIP	APOPKA FL 32712	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	SKOUSEN, JO ANN	
STREET ADDRESS	459 VIRGINIA DR	
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE	TD	<input type="checkbox"/> Delete
NAME	ARNEMANN, JAMES	
STREET ADDRESS	5021 SWEET LEAF CT	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	SKOUSEN, JOANN	
STREET ADDRESS	8701 MAITLAND SUMMITT BOULEVARD	
CITY-ST-ZIP	ORLANDO FL 32810	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	POWELL, KATHY	
STREET ADDRESS	600 LYNN ST	
CITY-ST-ZIP	OVIEDO FL 32765	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BARBARA HAYES	
STREET ADDRESS	433 SUN LAKE CIR. #215	
CITY-ST-ZIP	LAKE MARY, FL 32746	
TITLE	V.P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LORRI WILSON	
STREET ADDRESS	456 BISON CIR	
CITY-ST-ZIP	APOPKA, FL 32712	
TITLE	SECRETARY	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STACEY PAULK	
STREET ADDRESS	633 BUOY LANE #301	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KRISTIE SMITH	
STREET ADDRESS	706 SEAGULL AVE.	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32701	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ARNEMANN 1/16/02 4075215767

CP2E037 (9/01)