

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000005395

1. Entity Name

CATALINA RECREATION & IMPROVEMENT ASSOCIATION, I

Principal Place of Business

Mailing Address

2416 CARIBBEAN COURT
ORLANDO FL 32805

2416 CARIBBEAN COURT
ORLANDO FL 32805-5855

2. Principal Place of Business

3. Mailing Address

2501 Catalina Drive

2501 Catalina Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Orlando FL

Orlando FL

Zip

Country

Zip

Country

32805

32805

4. FEI Number

59-3541407

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

BATIATO, RICHARD D
~~2416 CARIBBEAN COURT~~
ORLANDO FL 32805

Name

Richard Batiato

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

2501 Catalina Drive

City

Orlando

FL

Zip Code

32805

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

Richard D. Batiato

Richard D. Batiato

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	PARDEE, JANINE	
STREET ADDRESS	2513 CATALINA DR	
CITY-ST-ZIP	ORLANDO FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	CARDIN, JUNE	
STREET ADDRESS	2600 TRADEWINDS TR N	
CITY-ST-ZIP	ORLANDO FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MALONE, MICHAEL K	
STREET ADDRESS	2416 CARIBBEAN COURT	
CITY-ST-ZIP	ORLANDO FL 32805	
TITLE	D	<input type="checkbox"/> Delete
NAME	WASZCAK, EDWARD	
STREET ADDRESS	3132 GULFSTREAM CT	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BAKER, KATHY	
STREET ADDRESS	2705 CATALINA DR	
CITY-ST-ZIP	ORLANDO FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	HOGGE, SUZANNE	
STREET ADDRESS	2205 LAUDERDALE CT	
CITY-ST-ZIP	ORLANDO FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/>
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/>
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/>
NAME	
STREET ADDRESS	2501 Catalina Drive
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/>
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/>
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/>
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:

Janine M. Pardee

January 20, 2000 3692

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #