2001 UNIFORM BUSINESS REPORT (UBR)

3/

FILED
Mar 30, 2001 8:00 am
Secretary of State
03-12-2001 90466 025 ****61.25

33400

DO NOT WRITE IN THIS SPACE

DOCUMENT # N98000005426

1. Entity Name

CENTRAL FLORIDA GREYHOUND ASSOCIATION, INC.

Principal Place of Business	Mailing Address
219 MORNING CREEK CIR. APOPKA FL 32712	P O BOX 950550 LAKE MARY FL 32795

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 59-3535467 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CONNELL, ROD H
~~15901 ACORN CIRCLE~~
~~TAVARES FL 32778~~

7. Name and Address of New Registered Agent

Name

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

219 MORNING CREEK CIRCLE

City APOPKA FL Zip Code 32712

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	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	P ARUDA, PAUL 3473 SADDLE BROOK DR MELBOURNE FL 32934 D	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP D'AMBROSIO, JAMES 1141 EXCELLER CT UNIT 107 CASSELBERRY FL 32707 D	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S ALFONZO, DIANE 364 HIDDEN PINES CIR CASSELBERRY FL 32707	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T CONNELL, ROD ~~15901 ACORN CIR~~ ~~TAVARES FL 32778~~ D	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 219 MORNING CREEK CIRCLE APOPKA FL 32712
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~P~~ SECY MULLINS, GEORGE 2068 MARQUETTE AVE SANFORD FL 32773	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GREEN, JUDI 1221 SELMA RD LONGWOOD FL 32-750.	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (10/00)

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 REQUIRED Connell 3-1-01 407884-9456
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attachment
N98000005426
[redacted]
33400

Please Note

Mailing Address
Always
C.F.G.A.
PO Box 950550
Lk Mary, FL 32795

Please Note

Mailing Address
Always
C.F.G.A.
P.O. Box 950550
Lk. Mary, FL 32795