

2002 UNIFORM BUSINESS REPORT (UBR)

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

USE →

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

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
219 MORNING CREEK CIRCLE
APOPKA FL 32712

CHG →

7. Name and Address of New Registered Agent

Name

ROD CONNELL

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

2990 LK. WOODWARD DR

City

EUSTIS

FL

Zip Code

32726

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

R. H. Connell

4-1-02

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
NAME ARUDA, PAUL
STREET ADDRESS 3473 SADDLE BROOK DR
CITY-ST-ZIP MELBOURNE FL 32934 ☐ Delete

TITLE VPD
NAME D'AMBROSIO, JAMES
STREET ADDRESS 1141 EXCELLER CT UNIT 107
CITY-ST-ZIP CASSELBERRY FL 32707 ☐ Delete

TITLE TD
NAME CONNELL, ROD
STREET ADDRESS 219 MORNING CREEK CIRCLE
CITY-ST-ZIP APOPKA FL 32712 ☐ Delete

TITLE S
NAME MULLINS, GEORGE
STREET ADDRESS 2068 MARQUETTE AVE
CITY-ST-ZIP SANFORD FL 32773 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 an other like empowered.

SIGNATURE:

R. H. Connell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-1-02 (352) 357-3626

008727

CR2E037 (9/01)