# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Feb 28, 2003 8:00 am**
**Secretary of State**
02-10-2003 90136 012 ****70.00

DOCUMENT # N98000005426

1. Entity Name
CENTRAL FLORIDA GREYHOUND ASSOCIATION, INC.

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

☐ CHECK HERE IF MAKING CHANGES

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 2990 LK WOODWARD DR | SAME |
| Suite, Apt. #, etc.: L | Suite, Apt. #, etc. |
| City & State: EUSTIS FL | City & State |
| Zip: 32726 Country: LAKE | Zip Country: SEMINOLE |

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 | 7. Name and Address of New Registered Agent |
|---|---|
| CONNELL, ROD<br>2990 LAKE WOODWARD DRIVE<br>EUSTIS FL 32726 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Rodney J Connell FEB 5 /03
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 Florida Department of State**

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>ARUDA, PAUL<br>3473 SADDLE BROOK DR<br>MELBOURNE FL 32934 | ☒ Delete | PRES. PD<br>SHAMSHED, TONY<br>101 GLEASON COVE<br>SANFORD, FL 32773 | ☒ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VPD<br>D'AMBROSIO, JAMES<br>1141 EXCELLER CT UNIT 107<br>CASSELBERRY FL 32707 | ☒ Delete | V.P. VPD<br>STAPLETON, PHIL<br>696 ASHLEY CT.<br>CASSELBERRY, FL 32707 | ☒ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD<br>CONNELL, ROD CHG OF ADDR<br>219 MORNING CREEK CIRCLE<br>APOPKA FL 32712 | ☐ Delete | TD.<br>CONNELL, ROD<br>2990 LK. WOODWARD DR.<br>EUSTIS, FL 32726 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | SEC. D<br>SHELDON, SHERYL<br>387 HANSOM PKWY<br>SANFORD, FL. 32773 | ☒ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | | ☐ Change ☐ Addition |

CR2E037 (10/02)

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 Rodney J Connell FEB 5 /03 407-467-5097 352-357-3626
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #