

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000003051

1. Entity Name

THORNHILL ENTERPRISES OF CENTRAL FLORIDA, INC.

FILED
Jan 19, 2001 8:00 am
Secretary of State

01-19-2001 90026 022 ****61.25

Principal Place of Business

11875 HIGH TECH AVENUE STE. 200
ORLANDO FL 32817

Mailing Address

11875 HIGH TECH AVENUE STE. 200
ORLANDO FL 32817

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

59-3578142

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

SMITH, RANDALL C
200 NORTH THORNTON AVE.
ORLANDO FL 32801

7. Name and Address of New Registered Agent

Name

CYRIL SHEPPARD

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

11875 HIGH TECH AVENUE, S-200

City

ORLANDO

FL

Zip Code

32817

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CD
WARNER, JONNIE MAE
11875 HIGH TECH AVE STE
ORLANDO FL 32817 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SMITH, RANDALL
200 NORTH THORNTON AVENUE
ORLANDO FL 32817 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
LOFFERT, ALLAN
12150 RESEARCH PARKWAY
ORLANDO FL 32826 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
SHEPPARD, CYRIL
1538 TRUMBULL STREET
KISSIMMEE FL 34744 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
WRIGHT, SHARON
5162 TELLSON PLACE
ORLANDO FL 32812 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
BANISTER, DEB
2121 CAMDEN ROAD
ORLANDO FL 32803 ☐ 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
S
PRYOR, CHASTY
644 RAYMOND AVENUE
ALAMONTE SPRINGS, FL 32701 ☐ 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
D
HINES, MEL
1200 DELTONA BLVD, UNIT 61
DELTONA, FL 32725 ☐ 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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/01

407-273-8444

Date

Daytime Phone #

0027290

CR2E037 (10/00)