

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000003051

1. Entity Name

THORNHILL ENTERPRISES OF CENTRAL FLORIDA, INC.

Principal Place of Business

Mailing Address

11875 HIGH TECH AVENUE STE. 200
ORLANDO FL 32817

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

7. Name and Address of New Registered Agent

SHEPPARD, CYRIL
11875 HIGH TECH AVE
S-200
ORLANDO FL 32817

Name

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

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.

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
CD
WARNER, JONNIE MAE
11875 HIGH TECH AVE STE
ORLANDO FL 32817 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
Julia CHATMAN
2400 W. 32ND STREET
ORLANDO, FL 32839 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
PRYOR, CHRISTY
644 RAYMOND AVE
ALTAMONTE SPRINGS FL 32701 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
GREG GAGLIARDI
2601 Diamond Club Drive
CLERMONT, FL 34711 ☐ Change ☒ Addition

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
HIMES, MEL
1200 DELTONA BLVD UNIT 61
DELTONA FL 32725 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
BANISTER, DEB
2121 CAMDEN ROAD
ORLANDO FL 32803 ☒ Delete

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:

Cyril Sheppard
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/8/02 407-273-8444

CR2E037 (9/01)