

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000003721

1. Entity Name

CENTRAL FLORIDA KNIGHTS FOUNDATION, INC.

**FILED**  
**May 03, 2000 8:00 am**  
**Secretary of State**

05-03-2000 90100 035 \*\*\*\*61.25

Principal Place of Business

Mailing Address

8537 SEA HARBOR LANE  
TAMPA FL 33637

8537 SEA HARBOR LANE  
TAMPA FL 33637-1045

2. Principal Place of Business

1448 W. Busch Blvd  
Suite, Apt. #, etc.

3. Mailing Address

1448 W. Busch Blvd  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Tampa FL

City & State

Tampa FL

4. FEI Number

59-3597144

Applied For

Not Applicable

Zip

33612

Country

Hillsborough

Zip

33612

Country

Hillsborough

5. Certificate of Status Desired ~

☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

JOHNSON, WADE F JR.  
118 EAST JEFFERSON STREET  
ORLANDO FL 32801

7. Name and Address of New Registered Agent

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOSCO, KRISTINE 8537 SEA HARBOR LANE TAMPA FL 33637	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HANKINS, KIM 182 POST WAY CASSELBERRY FL 32707	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOVEJOY-BLAYLOCK, RIKI F 703 N. LAKE JESSUP AVENUE OVIEDO FL 32765-6338	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOWLES, BRANDON 1631 SEMORAN NORTH CIRCLE, #103 WINTER PARK FL 32792	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ODEBRECHT, LARRY 12001 9TH STREET NORTH, #3211 ST. PETERSBURG FL 33716	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PAYNE, RICHARD 12312 GOLDEN KNIGHT CIRCLE, #303B ORLANDO FL 32817	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1448 W. Busch Blvd. Tampa FL 33612
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2550 N. Alafaya Trail # 6205 Orlando FL 32826

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:

*Kristine Bosco*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/18/00

813-935-7180

Date

Daytime Phone #

CR2E037 (9/99)