

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000003721

1. Entity Name

CENTRAL FLORIDA KNIGHTS FOUNDATION, INC.

FILED
Aug 29, 2001 8:00 am
Secretary of State

08-29-2001 90007 014 ****61.25

Principal Place of Business

Mailing Address

1448 W BUSCH BLVD
TAMPA FL 33612

1448 W BUSCH BLVD
TAMPA FL 33612

2. Principal Place of Business

834 Village Way

Suite, Apt. #, etc.

3. Mailing Address

834 Village Way

Suite, Apt. #, etc.

City & State

Davenport, FL 33896

City & State

Davenport FL 33896

Zip

33896

Country

USA

Zip

33896

Country

USA

4. FEI Number

59-3597144

Applied For

Not Applicable

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
After September 12, 2001, min. will be \$236.25

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 D ☐ Delete
NAME BOSCO, KRISTINE
STREET ADDRESS 1448 W BUSCH BLVD
CITY-ST-ZIP TAMPA FL 33612

TITLE D ☐ Delete
NAME HANKINS, KIM
STREET ADDRESS 182 POST-WAY
CITY-ST-ZIP CASSELBERRY FL 32707

TITLE D ☒ Delete
NAME LOVEJOY-BLAYLOCK, RIKI F
STREET ADDRESS 703 N. LAKE JESSUP AVENUE
CITY-ST-ZIP OVIEDO FL 32765-6338

TITLE D ☒ Delete
NAME BOWLES, BRANDON
STREET ADDRESS 1631 SEMORAN NORTH CIRCLE, #103
CITY-ST-ZIP WINTER PARK FL 32792

TITLE D ☐ Delete
NAME PAYNE, RICHARD
STREET ADDRESS 2550 N ALAFAYA TRAIL # 6205
CITY-ST-ZIP ORLANDO FL 32826

TITLE D ☐ Delete
NAME Dr. William Callarman
STREET ADDRESS 110 Park Ave.
CITY-ST-ZIP Casselberry, FL 32707

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☒ Change ☐ Addition
NAME
STREET ADDRESS 834 Village Way
CITY-ST-ZIP Davenport, FL 33896

TITLE D ☒ Change ☐ Addition
NAME
STREET ADDRESS 4229 Cricket Hollow Cove
CITY-ST-ZIP Casselberry, FL 32707

TITLE D ☐ Change ☒ Addition
NAME Eric Hankins
STREET ADDRESS 4229 Cricket Hollow Cove
CITY-ST-ZIP Casselberry, FL 32707

TITLE D ☐ Change ☒ Addition
NAME Tammy Neel
STREET ADDRESS 4160 Derby Place
CITY-ST-ZIP Oviedo, FL 32765

TITLE D ☒ Change ☐ Addition
NAME
STREET ADDRESS 12250 Huntsman Ln.
CITY-ST-ZIP Orlando, FL 32826

TITLE D ☐ Change ☒ Addition
NAME Dr. William Callarman
STREET ADDRESS 110 Park Ave.
CITY-ST-ZIP Casselberry, FL 32707

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

7/25/01 352-343-2700

CR2E037 (5/01)