

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000005089

1. Entity Name

SHARITY OF CENTRAL FLORIDA, INC.

FILED
Jan 16, 2002 8:00 am
Secretary of State

01-16-2002 90042 048 ****61.25

Principal Place of Business

104 STONEBRIDGE DR
LONGWOOD FL 32779

Mailing Address

104 STONEBRIDGE DR
LONGWOOD FL 32779

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3601884

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

THALWITZER, KURT
MATEER AND HARBERT, P.A.
225 E ROBINSON ST, SUITE 600
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
EDD
DENARO, SHARI P
104 STONEBRIDGE DRIVE
LONGWOOD FL 32779

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
GILSON, PATRICIA
212 PALMETTO CONCOURSE
LONGWOOD FL 32779

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
DEHLRICH, RHONDA
721 FOX VALLEY DRIVE
LONGWOOD FL 32779

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STREET ADDRESS
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CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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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~~

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/08/02 407-869-6525

CR2E037 (9/01)