

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P96000068752**

1. Entity Name

CENTRAL FLORIDA SPORT FLYERS, INC.**FILED**
Apr 02, 2001 8:00 am
Secretary of State

04-02-2001 90092 041 ***150.00

Principal Place of Business

**2800 NARCISSUS AVENUE
SANFORD FL 32771**

Mailing Address

**985 ELDER ROAD
SANFORD FL 32771**

2. Principal Place of Business

3. Mailing Address

P.O. BOX 470304

Suite, Apt. #, etc.

Suite, Apt. #, etc.

LAKE MONROE

City & State

City & State

FL.

Zip

Country

Zip

Country

32747**U.S.**

4. FEI Number

59-3427906

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

**MAHNKEN, CHRIS
985 ELDER ROAD
SANFORD FL 32771**

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

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
MAHNKEN, CHRIS
985 ELDER RD.
SANFORD FL ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PO Box 470304
Lake Monroe, FL 32747 ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
KELLEY, DON
P.O. BOX 61
SANFORD FL ☒ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DELETE ☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
DICICCO, RON
1850 FAYETTEVILLE AVE.
DELTONA FL ☒ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DELETE ☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Chris Mahnken*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Chris Mahnken

3.26.01

Date

407-330-3558

Daytime Phone #

CR2E034 (10/00)