## 2001 UNIFORM BUSINESS REPORT (UBR) FILED Apr 16, 2001 8:00 am Secretary of State DOCUMENT # P9800006113 1. Entity Name CENTRAL FLORIDA Z CLUB INC. 04-16-2001 90009 029 \*\*\*150.00 Principal Place of Business Mailing Address 2916 QUINCY CT 2916 QUINCY CT APOPKA FL 32703 APOPKA FL 32703 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number 59-3534560 City & State Not Applicable\_ \$8.75 Additional Country Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name KLAFTER, DONALD Street Address (P.O. Box Number is Not Acceptable) 2916 QUINCY CT APOPKA FL 32703 Zip Code City FL 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition ☐ Delete TITLE TiT) E ANDERSON, SCOTT NAME NAME 20727 MELVILLE ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32833 CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE CLARK STEPHENS HENNY, JAKE NAME NAME 107 BRANDYWINE LANE LONGWOOD, FL. 32779 15224 CR 448 STREET ADDRESS STREET ADDRESS TAVARES FL 32778 CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition ☐ Delete TITLE TITLE KLAFTER, DONALD NAME NAME 2916 QUINCY CT STREET ADDRESS STREET ADDRESS APOPKA FL 32703 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE CHIANESE, RICHARD NAME NAME 125 SPRING LAKE HILLS DR STREET ADDRESS STREET ADDRESS ALTAMONTE SPRINGS FL 32714 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE

13. 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 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.

NAME

STREET ADDRESS

CITY-ST-7IP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

- DONALD KLAFTER SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)