

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2003 8:00 am
Secretary of State

02-14-2003 90203 005 ***150.00

DOCUMENT # P98000006113

1. Entity Name
CENTRAL FLORIDA Z CLUB INC.



Principal Place of Business
355 W. Highbanks Rd
DeBary FL 32713

Mailing Address
355 W. Highbanks Rd
DeBary FL 32713



2. Principal Place of Business
107 BRANDYWINE LN
Suite, Apt. #, etc.

3. Mailing Address
107 BRANDYWINE LN
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
LONGWOOD, FL
Zip
32779
Country

City & State
LONGWOOD, FL
Zip
32779
Country

4. FEI Number 59-3534560

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CATHA, GERALD T
355 W. Highbanks Rd
DeBary FL 32713

7. Name and Address of New Registered Agent

Name STEPHENS, CLARK
Street Address (P.O. Box Number is Not Acceptable)
107 BRANDYWINE LN
City LONGWOOD FL Zip Code 32779

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable.

STEPHENS, CLARK TREASURER 2/9/03
(NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ \$5.00 May Be Added to Fees
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	STEPHENS, CLARK	
STREET ADDRESS	1078 BRANDY WINE LANE	
CITY-ST-ZIP	LONGWOOD FL 32779	
TITLE	V	<input type="checkbox"/> Delete
NAME	AMATO, AL	
STREET ADDRESS	8410 MURRY CT.	
CITY-ST-ZIP	SANFORD FL 32771	
TITLE	T	<input type="checkbox"/> Delete
NAME	CATHA, GERALD T	
STREET ADDRESS	355 W Highbanks Rd	
CITY-ST-ZIP	DeBary FL 32713	
TITLE	S	<input type="checkbox"/> Delete
NAME	CHARLEBOIS, RAY	
STREET ADDRESS	801 WINNY PLACE #205	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CATHA, GERALD T	
STREET ADDRESS	355 W. Highbanks Rd	
CITY-ST-ZIP	DeBary FL 32713	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLANKENSHIP, SCOTT	
STREET ADDRESS	17526 COBBLESTONE LN	
CITY-ST-ZIP	CLERMONT, FL 34711	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEPHENS, CLARK	
STREET ADDRESS	107 BRANDYWINE LN	
CITY-ST-ZIP	LONGWOOD, FL 32779	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 607, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 2/9/03 Date 407-786-0275 Daytime Phone #

CR2E034 (10/02)