

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000052101

1. Entity Name
CENTRAL FLORIDA RESORT SERVICES, INC.

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90008 017 ***158.75

Principal Place of Business
15342 SOUTHWEST 17TH STREET
DAVIE FL 33326

Mailing Address
15342 SOUTHWEST 17TH STREET
DAVIE FL 33326

871684



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
11860 W State Road 84
Suite, Apt. #, etc.
B-15

3. Mailing Address
11860 W State Road 84
Suite, Apt. #, etc.
B-15

City & State
Davie, FL

City & State
Davie, FL

4. FEI Number **65-0937725**

Applied For
Not Applicable

Zip
33325

Country
USA

Zip
33325

Country
USA

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

ROBBINS, CHARLES D. ESQ.
2699 SOUTH BAYSHORE DRIVE 7TH FLOOR
MIAMI FL 33133

Charles Robbins-ESQ.
5214 La Gorce Drive
Miami Beach, FL 33140-2106

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 _____ (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 State

10. 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	VPS DAVENPORT, RICHARD 16335 MARIPOSA CIR. N. FORT LAUDERDALE FL 33331	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GOLAN, AMNON 3620 N. 53 AVE. HOLLYWOOD FL 33021	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DAVENPORT, STEVEN 18065 SW 82 AVE. MIAMI FL 33157	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KLEIDER, HZIK 42 ALLYAT - HANOAR ST. HOLYROOD KS 67450	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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, or all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)