

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000057510

1. Entity Name

CENTRAL FLORIDA LUMBER UNLIMITED INCORPORATED

**FILED**  
**May 26, 2000 8:00 am**  
**Secretary of State**

05-26-2000 90288 026 \*\*\*150.00

Principal Place of Business

Mailing Address

12007 LAKE RIDGE RD  
TAMPA FL 33618

12007 LAKE RIDGE RD  
TAMPA FL 33618-3737

2. Principal Place of Business

2102 ORIENT Rd.

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TAMPA FL

City & State

4. FEI Number

593585516

Applied For

Not Applicable

Zip

33619

Country

Hillsborough

Zip

Country

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

MORMANN, DAVID  
12007 LAKE RIDGE RD  
TAMPA FL 33618

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, 2000 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          | PD                    | <input checked="" type="checkbox"/> Delete |
| NAME           | MORMANN, DAVID        |  |
| STREET ADDRESS | 12007 LAKE RIDGE RD   |  |
| CITY-ST-ZIP    | TAMPA FL 33618        |  |
| TITLE          | STD                   | <input checked="" type="checkbox"/> Delete |
| NAME           | MORMANN, MONICA       |  |
| STREET ADDRESS | 12007 LAKE RIDGE RD   |  |
| CITY-ST-ZIP    | TAMPA FL 33618        |  |
| TITLE          | Arthur Woods Jr       | <input type="checkbox"/> Delete            |
| NAME           | Chairman              |  |
| STREET ADDRESS | 5824 ROSE LANE        |  |
| CITY-ST-ZIP    | Tampa 33619           |  |
| TITLE          | DAVID MORMANN         | <input type="checkbox"/> Delete            |
| NAME           | PRESIDENT             |  |
| STREET ADDRESS | 12007 LAKE RIDGE RD   |  |
| CITY-ST-ZIP    | TAMPA FL 33618        |  |
| TITLE          | WASON WOODS SECRETARY | <input type="checkbox"/> Delete            |
| NAME           |                       |  |
| STREET ADDRESS | 5424 ROSE LANE        |  |
| CITY-ST-ZIP    | Tampa FL 33619        |  |
| TITLE          |                       | <input type="checkbox"/> Delete            |
| NAME           |                       |  |
| STREET ADDRESS |                       |  |
| CITY-ST-ZIP    |                       |  |

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

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)