

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V31307

1. Entity Name
CENTRAL FLORIDA CONSTRUCTION & DEVELOPMENT CORP.

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90006 021 ***150.00

Principal Place of Business

Mailing Address

11020 OLEANDER DR
CLERMONT FL 34711
US

11020 OLEANDER DR
CLERMONT FL 34711-8412
US

2. Principal Place of Business

645 W. Michigan St.
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 568245
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Orlando, FL

City & State

Orlando, FL

4. FEI Number

59-3116471

Applied For

Not Applicable

Zip

Country

32805 USA

Zip

Country

32856 USA

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LIDDELL, THOMAS
11020 OLEANDER DR
CLERMONT FL 34711

7. Name and Address of New Registered Agent

Name Pamela N. Shaw
Street Address (P.O. Box Number is Not Acceptable) 645 W. Michigan Street
City Orlando FL Zip Code 32805

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 Pamela N. Shaw
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-24-00
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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PO	LIDDELL, THOMAS	11020 OLEANDER DRIVE	CLERMONT FL 34711	<input type="checkbox"/>
VP	LIDDELL, KEVIN	10349 REGAL DR	CLERMONT FL 34711	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
P		change to President only		<input checked="" type="checkbox"/>	<input type="checkbox"/>
DVP	Tripp, Gary H.	4400 Tidewater Dr.	Orlando, FL 32812	<input type="checkbox"/>	<input checked="" type="checkbox"/>
DVP	Burden, Randy O.	1611 S. Summerlin Ave.	Orlando, FL 32806	<input type="checkbox"/>	<input checked="" type="checkbox"/>
ST	Shaw, Pamela N.	2901 S. Osceola Ave.	Orlando, FL 32806	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

Thomas Liddell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-14-00 407-426-8252
Date Daytime Phone #

CR2E034 (9/99)