

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 377986

1. Entity Name
ENTERPRISE LEASING COMPANY OF ORLANDO

FILED
Apr 13, 2000 8:00 am
Secretary of State

04-13-2000 90019 018 ***150.00

Principal Place of Business 130 UNIVERSITY PARK DR STE 235 WINTER PARK FL 32792 US	Mailing Address C/O DIANE M. HUELSING 600 CORPORATET PARK DRIVE ST LOUIS MO 63105-4204 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-1356140	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
1200 S PINE ISLAND RD
PLANTATION FL 33324**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State 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, 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	PTD	<input type="checkbox"/> Delete
NAME	TAYLOR, A C	
STREET ADDRESS	1147 LOG CABIN LANE	
CITY-ST-ZIP	ST LOUIS, MO 00000	
TITLE	VDS	<input type="checkbox"/> Delete
NAME	O'CONNELL, JOHN T	
STREET ADDRESS	524 FOX RIDGE ROAD	
CITY-ST-ZIP	ST LOUIS MO	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROSS, D L	
STREET ADDRESS	49 MUIRFIELD	
CITY-ST-ZIP	CREVE COUER, MO 00000	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	ALLEN RICHARD G.	
STREET ADDRESS	1024 TIDEWATER PLACE	
CITY-ST-ZIP	ST LOUIS MO	
TITLE	V	<input type="checkbox"/> Delete
NAME	DENSON, TYLER S	
STREET ADDRESS	2223 VIA TUSCANY	
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE	AS	<input type="checkbox"/> Delete
NAME	HUELSING, DIANE M.	
STREET ADDRESS	6430 GRAMOND DR	
CITY-ST-ZIP	ST LOUIS MO 63123	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BLOOM, STEVEN E.	
STREET ADDRESS	1950 LOG CABIN LANE	
CITY-ST-ZIP	ST. LOUIS, MO 63124	
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: *Diane M. Huelsing* 4-7-00 314-512-5000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)