

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2001 8:00 am
Secretary of State

0057011

DOCUMENT # 693720

1. Entity Name

THE SIMPLICITY PLAN, INC.

02-06-2001 90079 001 *5,700.00

Principal Place of Business

1201 SOUTH ORLANDO AVENUE
 SUITE 365
 WINTER PARK FL 32789

Mailing Address

1201 SOUTH ORLANDO AVENUE
 SUITE 365
 WINTER PARK FL 32789

24950



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2110130**

Applied For
 Not Applicable

Zip

Country

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

CT CORPORATION SYSTEM
1200 PINE ISLAND ROAD
PLANTATION FL 33324

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, 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: **DVAS** Delete
 NAME: **HEFFRON, BRENT F**
 STREET ADDRESS: **1201 SOUTH ORLANDO AVENUE #365**
 CITY-ST-ZIP: **WINTER PARK FL 32789**

TITLE: **D** Change Addition
 NAME: **William E. Rowe**
 STREET ADDRESS: **110 Veterans Memorial Blvd.**
 CITY-ST-ZIP: **Metairie, LA 70005**

TITLE: **PAS** Delete
 NAME: **KNOPKE, KEENAN L**
 STREET ADDRESS: **1201 S ORLANDO AVE, SUITE 365**
 CITY-ST-ZIP: **WINTER PARK FL 32789**

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

TITLE: **VP** Delete
 NAME: **ROMANACH, GABRIEL**
 STREET ADDRESS: **11655 SW 117TH AVE**
 CITY-ST-ZIP: **MIAMI FL**

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

TITLE: **AS** Delete
 NAME: **TRAHAN, LORALICE A**
 STREET ADDRESS: **110 VETERANS MEMORIAL BLVD**
 CITY-ST-ZIP: **METAIRIE LA 70005**

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

TITLE: **TS** Delete
 NAME: **FRIOU, THOMAS H**
 STREET ADDRESS: **1201 S ORLANDO AVE STE 365**
 CITY-ST-ZIP: **WINTER PARK FL 32789**

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

TITLE: **ASD** Delete
 NAME: **BUDDE, KENNETH C**
 STREET ADDRESS: **110 VETERANS MEMORIAL BLVD**
 CITY-ST-ZIP: **METAIRIE LA 70005**

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change 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, with all other like empowered.

SIGNATURE:

SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Brent F. Heffron

1/31/01

407-740-7000

Date

Daytime Phone #

CR2E034 (10/00)