# 2003 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Mar 13, 2003**
**Secretary of State**

DOCUMENT# 703167

**Entity Name:** THE FLORIDA COUNCIL OF 100, INC.

**Current Principal Place of Business:**

400 N. ASHLEY DRIVE
STE 1775
TAMPA, FL 33602

**New Principal Place of Business:**

**Current Mailing Address:**

400 N. ASHLEY DRIVE
STE 1775
TAMPA, FL 33602

**New Mailing Address:**

**FEI Number: 59-0931034** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CHLINGER, CHARLES T III
400 N. ASHLEY DRIVE
STE 1775
TAMPA, FL 33602

**Name and Address of New Registered Agent:**

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: _____

Electronic Signature of Registered Agent — Date

**OFFICERS AND DIRECTORS:**

| | | |
|---|---|---|
| Title: | D | ( ) Delete |
| Name: | HOFFMAN, AL | |
| Address: | 24301WALDEN CENTER DRIVE | |
| City-St-Zip: | BONITA SPRINGS, FL 34134 | |
| Title: | CD | ( ) Delete |
| Name: | SULLIVAN, CHRIS | |
| Address: | 2212 N. WESTSHORE BLVD. | |
| City-St-Zip: | TAMPA, FL 33607 | |
| Title: | VDC | ( ) Delete |
| Name: | COBB, CHUCK | |
| Address: | 255 ARAGON AVENUE | |
| City-St-Zip: | CORAL GABLES, FL 33134 | |
| Title: | DT | ( ) Delete |
| Name: | WENNER, DAVE | |
| Address: | 100 SE 2ND STREET | |
| City-St-Zip: | MIAMI, FL 33131 | |
| Title: | EDS | ( ) Delete |
| Name: | OHLINGER, CHARLES T III | |
| Address: | 400 N. ASHLEY DRIVE | |
| City-St-Zip: | TAMPA, FL 33602 | |

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

| | |
|---|---|
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLES T OHLINGER III EDS 03/13/2003

Electronic Signature of Signing Officer or Director — Date