

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 747162
 1. Entity Name
CENTRAL FLORIDA ESTATE PLANNING COUNCIL, INC.

FILED
Mar 08, 2000 8:00 am
Secretary of State

03-08-2000 90004 025 ****61.25

Principal Place of Business Mailing Address
 % KIMBERLY STERLING % KIMBERLY STERLING
 315 E. ROBINSON ST., STE 580 315 E. ROBINSON ST., STE 580
 ORLANDO FL 32801 ORLANDO FL 32801
 US US



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 **59-3351739** Applied For Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
STERLING, KIMBERLY
315 E. ROBINSON ST., STE 212
ORLANDO FL 32801

7. Name and Address of New Registered Agent
 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
 Signature, typed or printed name of registered agent and title if applicable.

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	VD ED <i>COPS-OK 0210</i>	<input type="checkbox"/> Delete
NAME	LEGG, WILLIAM E.	
STREET ADDRESS	2714 REW CIRCLE	
CITY-ST-ZIP	OCFEE FL 34761-2990	
TITLE	TD	<input type="checkbox"/> Delete
NAME	STERLING, KIMBERLY	
STREET ADDRESS	315 E. ROBINSON., STE 212	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE	SD	<input type="checkbox"/> Delete
NAME	ELLINGTON, RANDALL	
STREET ADDRESS	2757 W. STATE RD 434., STE 200	
CITY-ST-ZIP	LONGWOOD FL 32779	
TITLE	PD	<input type="checkbox"/> Delete
NAME	LOWMAN, JOSEPH W JR	
STREET ADDRESS	150 N. SPRING TRAIL	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	
TITLE	VD	<input type="checkbox"/> Delete
NAME	DETZEL, LAUREN Y	
STREET ADDRESS	800 NORTH MAGNOLIA AVENUE	
CITY-ST-ZIP	ORLANDO FL 32803	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Kimberly Sterling* **WIRE**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-2-00

Date Daytime Phone #

CR2E037 (9/99)