

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 17, 2000 08:00 AM
Secretary of State

DOCUMENT # G67718

1. Entity Name
 ZIMMERMAN, SHUFFIELD, KISER & SUTCLIFFE, P.A.

Principal Place of Business 315 E. ROBINSON, SUITE 600 P.O. BOX 3000 ORLANDO FL 32802	Mailing Address ATTN: W.C. SHUFFIELD PO BOX 3000 ORLANDO FL 328023000 US
--	---

2. Principal Place of Business 315 E. ROBINSON ST, SUITE 600	3. Mailing Address
Suite, Apt. #, etc. P.O. BOX 3000	Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State ORLANDO FL	City & State	4. FEI Number 59-2339047	Applied For <input type="checkbox"/>
Zip 328023000	Country US	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

SHUFFIELD, W. CHARLES
 315 E. ROBINSON, SUITE 600
 ORLANDO, FLORID
 32801

Name SHUFFIELD, W. CHARLES
Street Address (P.O. Box Number is Not Acceptable) 315 E. ROBINSON STREET, SUITE 600
City ORLANDO FL Zip Code 32801

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 _____ DATE **01/17/2000**
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)

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				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV SUTCLIFFE, ROLAND A 315 E ROBINSON ST ORLANDO FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV SUTCLIFFE ROLAND A 315 E ROBINSON ST #600 ORLANDO FL 32801	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS KISER, WENDELL J 315 E ROBINSON ST ORLANDO FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS KISER WENDELL J 315 E ROBINSON ST #600 ORLANDO FL 32801	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT SHUFFIELD, W CHARLES 315 E ROBINSON ST ORLANDO FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT SHUFFIELD W CHARLES 315 E ROBINSON ST #600 ORLANDO FL 32801	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ZIMMERMAN, BERNARD J 315 E ROBINSON ST ORLANDO FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ZIMMERMAN BERNARD J 315 E ROBINSON ST #600 ORLANDO FL 32801	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: W. Charles Shuffield

DATE: 01/17/2000