

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 14, 2000 8:00 am**  
**Secretary of State**

02-14-2000 90019 040 \*\*\*150.00

**DOCUMENT # G71532**

1. Entity Name  
**SPECIALTY MANAGEMENT COMPANY OF CENTRAL FLORIDA**

80018611



DO NOT WRITE IN THIS SPACE

Principal Place of Business 2180 PARK AVENUE NORTH, SUITE 326 WINTER PARK FL 32789	Mailing Address 2180 PARK AVENUE NORTH, SUITE 326 WINTER PARK FL 32789-2358
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2. Principal Place of Business 444 W. NEW ENGLAND AVE SUITE B WINTER PARK FL	3. Mailing Address 444 W. NEW ENGLAND AVE. SUITE B WINTER PARK, FL
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Zip 32789-4213	Country USA	Zip 32789-4213	Country USA
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4. FEI Number **59-2315139** Applied For  Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**MALCOM, THOMAS**  
**2180 PARK AVENUE NORTH, SUITE 326**  
**WINTER PARK FL 32789**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**444 W. NEW ENGLAND AVE.**  
**SUITE B**  
 City **WINTER PARK FL** Zip Code **32789-4213**

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. **4213**

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 NAME STREET ADDRESS CITY-ST-ZIP	PD MALCOM, THOMAS D. 2180 PARK AVE. N. #326 WINTER PARK FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD JORDAN, BRETT M 2180 PARK AVE N #326 WINTER PARK FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MALCOM, JOAN W 2180 PARK AVE. N. #326 WINTER PARK FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 444 W. NEW ENGLAND AVE, SUITE B WINTER PARK, FL 32789-4213
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 444 W. NEW ENGLAND AVE, SUITE B WINTER PARK, FL 32789-4213
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 444 W. NEW ENGLAND AVE, SUITE B WINTER PARK, FL 32789-4213
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"/> Change <input type="checkbox"/> Addition
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 another like empowered.

SIGNATURE: SIGNATURE REQUIRED 2/7/00 407 647-2622  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)