

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 02, 2000 8:00 am
Secretary of State

02-02-2000 90032 004 ***150.00

DOCUMENT # H12129

1. Entity Name
MANAGEMENT AFFILIATES, INC.

Principal Place of Business

C/O DEBORAH METCALFE
 601 EAST ROLLINS ST
 ORLANDO FL 32803
 US

Mailing Address

C/ODEBORAH METCALFE
 2400 BEDFORD RD 2ND FLOOR
 ORLANDO FL 32803-1418
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

C/O DEBORAH METCALFE
 2400 BEDFORD RD 2ND FLOOR
 ORLANDO, FL 32803
 US

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **59-2441645**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

METCALFE, DEBORAH
601 E ROLLINS ST
ORLANDO FL 32803

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 _____

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	Change/Delete
D	SAGER, BILL	1545 W. POINSETTIA DR	AVON PARK FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Delete
VCD	COE, WALLACE	PO BOX 63330 N/A	DELTONA FL	<input checked="" type="checkbox"/> Delete
PD	WELCH, WALLY	1991 LINNEAL BEACH DR	APOPKA FL	<input checked="" type="checkbox"/> Delete
ASD	METCALFE, DEBORAH	1505 GRASSY RIDGE LANE	APOPKA FL	<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change/Addition
VCD	BRIAN PARADIS	1051 OAKPOINT CIRCLE	APOPKA, FL 32712	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
PD	EDDIE SOLER	1188 BRANTLEY ESTATES DRIVE	ALTAMONTE SPGS, FL 32714	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
CD	DON BOHANNON	7430 COLONIAL CT.	SANFORD, FL 32771	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
ASD	MERLE PETERSON	2835 TAMARACH TRAIL	APOPKA, FL 32703	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
SD	DEBORAH METCALFE	36627 LAUREL OAKS LANE	DADE CITY, FL 33525	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
D	EUGENE WEDEL	4773 LAKE CALABAY DRIVE	ORLANDO, FL 32837	<input type="checkbox"/> Change <input checked="" 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: *Deborah Metcalfe* 1/5/00 407-303-7718
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)