

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 13, 2000 8:00 am**  
**Secretary of State**

09-13-2000 90052 022 \*\*\*\*61.25

**DOCUMENT # N10556**

1. Entity Name  
**THE FLORIDA SOCIETY OF CERTIFIED PUBLIC MANAGERS**

Principal Place of Business 3400 W COMMERCIAL BLVD. FT. LAUDERDALE FL 33309 US	Mailing Address 3400 W. COMMERCIAL BLVD. FT. LAUDERDALE FL 33309 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>59-2848158</b>		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent							
<b>MARIA CONNOLLY</b> <b>3400 W COMMERCIAL BLVD.</b> <b>FT. LAUDERDALE FL 33309</b>				Name							
				Street Address (P.O. Box Number is Not Acceptable)							
				City				<b>FL</b>		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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW: FEE IS \$61.25</b> <b>After September 13, 2000 min. will be \$236.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Department of State</b>
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WOLFE, JAMES		NAME	SEAN FISHER	
STREET ADDRESS	3400 W COMMERCIAL BLVD		STREET ADDRESS	8052 GREENMONT AVENUE	
CITY-ST-ZIP	FORT LAUDERDALE FL 33309		CITY-ST-ZIP	TALLAHASSEE, FLORIDA 32311	
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HEWETT, JERRY		NAME	EDWARD FRAZIER	
STREET ADDRESS	2601 BLAIR STONE RD		STREET ADDRESS	2867 RAVINES ROAD	
CITY-ST-ZIP	TALLAHASSEE FL 32301		CITY-ST-ZIP	MIDDLEBURG, FLORIDA 32068	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GOUGH, DOTTIE		NAME	TERESA WOOD	
STREET ADDRESS	6456 NEEDLES TRAIL		STREET ADDRESS	P.O. BOX 36 - HWY 67	
CITY-ST-ZIP	TALLAHASSEE FL 32308		CITY-ST-ZIP	TELOGIA, FLORIDA 32360	
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONNOLLY, MARIA		NAME		
STREET ADDRESS	3400 W. COMMERCIAL BLVD.		STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL 33309		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: Maria Connolly **SIGNATURE REQUIRED** 9-6-00 (954) 777-4203  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CFR2E037 (5/00)