

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 19, 2001 8:00 am
Secretary of State

04-19-2001 90309 040 ****61.25

DOCUMENT # N10995

1. Entity Name

LOCKHEED MARTIN LEADERSHIP ASSOCIATION OF CENTRA

Principal Place of Business

Mailing Address

5600 SAND LAKE ROAD
 MP-361
 ORLANDO FL 32819-8907
 US

5600 SAND LAKE ROAD
 MP-361
 ORLANDO FL 32819-8907
 US

D0039161



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

23-7119213

Applied For

Not Applicable

Zip

Country

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

ELIER, JENNIVER L
125 HOLLOW BRANCH ROAD
APOPKA FL 32703

Name
STEVEN M. BOTWINIK
 Street Address (P.O. Box Number is Not Acceptable)

City
5027 HOOK HOLLOW CIRCLE
ORLANDO FL 32837

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 *Steven Botwinik*
 Signature, typed or printed name of registered agent and title if applicable.

Steven Botwinik

4/12/01

(NOTE: Registered Agent signature required when reinstating)

DATE

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME Delete
S
AMOS, HAZEL M
 STREET ADDRESS
535 BOHANNON BLVD.
 CITY-ST-ZIP
ORLANDO FL 32824

TITLE NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Delete
C
MILLIGAN, MATTHEW C
 STREET ADDRESS
5203 FAWNWAY CT
 CITY-ST-ZIP
ORLANDO FL 32819

TITLE NAME Change Addition
C
KENNETH J. MURPHY
 STREET ADDRESS
1210 OVERLAKE AVENUE
 CITY-ST-ZIP
ORLANDO, FL 32806

TITLE NAME Delete
T
BOYSEN, WILLIAM
 STREET ADDRESS
907 LAKESIDE DRIVE
 CITY-ST-ZIP
APOPKA FL 32712

TITLE NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Delete
D
APOSTOLAKES, PATRICIA
 STREET ADDRESS
PO BOX 607344
 CITY-ST-ZIP
ORLANDO FL 32860

TITLE NAME Change Addition
D
DONALD S. HALLUM, JR.
 STREET ADDRESS
2120 FOXFIRE LANE
 CITY-ST-ZIP
DeLAND, FL 32720

TITLE NAME Delete
D
BOTWINIK, STEVEN M
 STREET ADDRESS
5027 HOOK HOLLOW CIRCLE
 CITY-ST-ZIP
ORLANDO FL 32837

TITLE NAME Change Addition
D
RICHARD HINKLE
 STREET ADDRESS
1236 WATERWITCH COVE CIRCLE
 CITY-ST-ZIP
ORLANDO, FL 32806

TITLE NAME Delete
D
JOHNS, JANE E
 STREET ADDRESS
3201 HOLLIDAY AVE.
 CITY-ST-ZIP
APOPKA FL 32703

TITLE NAME Change Addition
D
RICHARD CRAIG
 STREET ADDRESS
7016 ARCHWOOD DRIVE
 CITY-ST-ZIP
ORLANDO, FL 32819

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: **SIGNATURE REQUIRED** *William Boyse*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (10/00)