

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 30, 2000 8:00 am
Secretary of State

05-30-2000 90045 019 ****61.25

DOCUMENT # N93000003987

1. Entity Name

PRIVATE BUSINESS ASSOCIATION OF SEMINOLE, INC.

Principal Place of Business

Mailing Address

165 WEST STATE ROAD 434
 WINTER SPRINGS FL 32708

~~165 WEST STATE ROAD 434~~
 WINTER SPRINGS FL 32708-2547

2. Principal Place of Business

3. Mailing Address

PO Box 520703

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

LENGWOOD, FL

4. FEI Number

59-3208272

Applied For

Not Applicable

Zip

Country

Zip

Country

32752-0703

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ENERGY PROPERTY MGMT SERVICES INC.
 165 W STATE RD 434
 WINTER SPRINGS FL 32708

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

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

(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 | DT | <input type="checkbox"/> Delete |
| NAME | KUIPER, STEVE | |
| STREET ADDRESS | 101 WYMORE RD. STE 550 | |
| CITY-ST-ZIP | ALTAMONTE SPRINGS FL 32714 | |
| TITLE | DV | <input type="checkbox"/> Delete |
| NAME | GOLDBERG, ALLAN | |
| STREET ADDRESS | 708 TURNBULL AVE, STE 102 | |
| CITY-ST-ZIP | ALTAMONTE SPRINGS FL 31701 | |
| TITLE | DS | <input type="checkbox"/> Delete |
| NAME | DIMEGLIO, BILLIE | |
| STREET ADDRESS | 100 S. ORANGE AVE. STE 300 | |
| CITY-ST-ZIP | ORLANDO, FL 32801 | |
| TITLE | DP | <input type="checkbox"/> Delete |
| NAME | HARLINO, HUGH | |
| STREET ADDRESS | 850 COURTLAND ST. | |
| CITY-ST-ZIP | ORLANDO FL 32804 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | STANLEY, RIC | |
| STREET ADDRESS | 990 DOUGLAS AVE | |
| CITY-ST-ZIP | ALTAMONTE SPRINGS FL | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | FOLEY, BOB | |
| STREET ADDRESS | 222 S. WESTMONTE DR., #116 | |
| CITY-ST-ZIP | ALTAMONTE SPRINGS FL | |

| | | |
|----------------|------------------------|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | DP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | DV | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | DALY, THOMAS | |
| STREET ADDRESS | 861 W MORSE BLVD. #135 | |
| CITY-ST-ZIP | WINTER PAK, FL 32789 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| 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: *[Signature]* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/00

Date

407-774-5216

Daytime Phone #

CR2E037 (9/99)