

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90140 041 ****61.25

DOCUMENT # N93000003987

1. Entity Name

PRIVATE BUSINESS ASSOCIATION OF SEMINOLE, INC.

Principal Place of Business

165 WEST STATE ROAD 434
WINTER SPRINGS FL 32708

Mailing Address

PO BOX 520703
LONGWOOD FL 32752

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3208272

Applied For

Not Applicable

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

CROWE, TRACY
140 N. ORLANDO AVE
#295
WINTER PARK FL 32789

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

Tracy L. Crowe, Secretary

3/5/02

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 ☐ Delete
NAME PAPA, JOHN B
STREET ADDRESS 2700 WESTHALL LANE #135
CITY-ST-ZIP MARIT ISLAND FL 32751

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DPP ☐ Delete
NAME GOLDBERG, ALLAN
STREET ADDRESS 706 TURNBULL AVE, STE 102
CITY-ST-ZIP ALTAMONTE SPRINGS FL 31701

TITLE DPP ☒ Change ☐ Addition
NAME Cornell, Melanie
STREET ADDRESS 222 E. Robinson Street #405
CITY-ST-ZIP Orlando, FL 32801

TITLE DS ☐ Delete
NAME CROWE, TRACY
STREET ADDRESS 140 N. ORLANDO AVE., #295
CITY-ST-ZIP WINTER PARK FL 32789

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DP ☐ Delete
NAME CORNELL, MELANIE
STREET ADDRESS 222 E. ROBINSON STREET #405
CITY-ST-ZIP ORLANDO FL 32801

TITLE DP ☒ Change ☐ Addition
NAME Bass, Michael
STREET ADDRESS 505 Maitland Avenue #120
CITY-ST-ZIP Altamonte Springs, FL 32701

TITLE DV ☐ Delete
NAME HATTAWAY, ROBERT
STREET ADDRESS 601 HILLVIEW DR
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714

TITLE DV ☒ Change ☐ Addition
NAME Dale, Lamy
STREET ADDRESS 1 Red Cleveland Blvd #1200
CITY-ST-ZIP Sanford, FL 32773

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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, live empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/5/02

407-678-5066

CR2E037 (9/01)