

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 21, 2003 8:00 am**  
**Secretary of State**

02-21-2003 90238 007 \*\*\*\*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**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip

4. FEI Number **59-3208272**

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

6. Name and Address of Current Registered Agent  
**CROWE, TRACY  
140 N. ORLANDO AVE  
#295  
WINTER PARK FL 32789**

7. Name and Address of New Registered Agent  
Name **Michael Scures**  
Street Address (P.O. Box Number is Not Acceptable) **3001 W. LAKE MARY BLVD.**  
City **LAKE MARY FL** Zip Code **32746**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]* DATE **2/14/03**

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	PAPA, JOHN B	
STREET ADDRESS	2700 WESTHALL LANE #135	
CITY-ST-ZIP	MARIT ISLAND FL 32751	
TITLE	DPP	<input checked="" type="checkbox"/> Delete
NAME	CORNELL, MELANIE	
STREET ADDRESS	222 E ROBINSON STREET, #405	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	CROWE, TRACY	
STREET ADDRESS	140 N. ORLANDO AVE., #295	
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE	DR	<input type="checkbox"/> Delete
NAME	BASS, MICHAEL	
STREET ADDRESS	505 MAITLAND AVENUE, #120	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32701	
TITLE	DV	<input type="checkbox"/> Delete
NAME	DALE, LARRY	
STREET ADDRESS	1 RED CLEVELAND BLVD, #1200	
CITY-ST-ZIP	SANFORD FL 32773	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCURES, MICHAEL R.	
STREET ADDRESS	3001 W. LAKE MARY BLVD.	
CITY-ST-ZIP	LAKE MARY, FL 32746	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RIDDICK, MAX F.	
STREET ADDRESS	1553 WINTER SPRINGS BLVD.	
CITY-ST-ZIP	WINTER SPRINGS, FL 32708	
TITLE	DV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WINESBURGH, BEVERLY	
STREET ADDRESS	P.O. Box 160430	
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32716	
TITLE	D	<input checked="" 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	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Holmes, William R.	
STREET ADDRESS	1117 E. ROBINSON ST.	
CITY-ST-ZIP	ORLANDO, FL 32801	

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 \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CR2E037 (10/02)