

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 02, 2001 8:00 am**  
**Secretary of State**

04-02-2001 90280 049 \*\*\*150.00

**DOCUMENT # P00000039913**

1. Entity Name  
**SELECT PARTNERS, INC.**

Principal Place of Business 1785 EAST BROADWAY OVIEDO FL 32765	Mailing Address 1785 EAST BROADWAY OVIEDO FL 32765
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc. City & State	3. Mailing Address Suite, Apt. #, etc. City & State
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4. FEI Number 59-3640910	Applied For <input type="checkbox"/> Not Applicable
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Zip	Country	Zip	Country
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5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**BALANOFF, GARY**  
**8202 MARGARITA DRIVE**  
**ORLANDO FL 32812**

7. Name and Address of New Registered Agent  
 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

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

11. OFFICERS AND DIRECTORS  Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  Change  Addition

TITLE NAME D <b>BALANOFF, GARY</b>	<input type="checkbox"/> Delete
STREET ADDRESS <b>8202 MARGARITA DRIVE</b>	
CITY-ST-ZIP <b>ORLANDO FL 32812</b>	

TITLE NAME Chief Information Officer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME John Young	
STREET ADDRESS 14794 Burntwood Circle	
CITY-ST-ZIP Orlando, FL 32826	

TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	

TITLE NAME Officer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Brad McCulloch	
STREET ADDRESS 361 Red Mulberry Court	
CITY-ST-ZIP Longwood, FL 32779	

TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	

TITLE NAME Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Beth Jordan	
STREET ADDRESS 7 Cardinal Drive	
CITY-ST-ZIP Longwood, FL 32779	

TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	

TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	

TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	

TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	

TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	

TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: GARY BALANOFF      GARY BALANOFF      1-10-01      (407) 366-9797  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (10/00)

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