

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000068132

1. Entity Name
FLORIDA ARCHITECTS, INC.

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

03-30-2000 90015 020 ***158.75

Principal Place of Business 7200 LAKE ELLENOR DR., STE. 252 SUITE 250 ORLANDO FL 32809 US	Mailing Address 7200 LAKE ELLENOR DR. STE.250 ORLANDO FL 32809-5768
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DO NOT WRITE IN THIS SPACE

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 59-3331804	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SORCI, JOSEPH J
853 JORDAN AVE.
ORLANDO FL 32809

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, 2000 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

TITLE	MPT	<input type="checkbox"/> Delete
NAME	SORCI, JOSEPH J	
STREET ADDRESS	853 JORDAN AVE.	
CITY-ST-ZIP	ORLANDO FL 32809-6475	
TITLE	DV	<input type="checkbox"/> Delete
NAME	BARNES, KEVIN E	
STREET ADDRESS	5004 FOXFIRE LN	
CITY-ST-ZIP	LAKE MARY FL 32746	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	HAYTER, KENNETTE B	
STREET ADDRESS	2212 SW 79TH DRIVE	
CITY-ST-ZIP	GAINESVILLE FL 32607	
TITLE	D	<input type="checkbox"/> Delete
NAME	ANDERSON, MARK W	
STREET ADDRESS	721 E AMELIA ST	
CITY-ST-ZIP	ORLANDO FL 32803	
TITLE	D	<input type="checkbox"/> Delete
NAME	GEMSCH, MARKUS J	
STREET ADDRESS	1281 SEYBOLD TERRACE	
CITY-ST-ZIP	DELTONA FL 32727	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input 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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Stephen R. Clark	
STREET ADDRESS	1448 Southwind Dr.	
CITY-ST-ZIP	Casselberry, FL 32837	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: SIGNATURE REQUIRED _____ Date _____ Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)