

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2000 8:00 am
Secretary of State

04-23-2000 90052 019 ***150.00

DOCUMENT # V48676

1. Entity Name
IV-M OF WINTER PARK, INC.

Principal Place of Business 390 N. ORANGE AVENUE SUITE 2500 ORLANDO FL 32801	Mailing Address 390 N. ORANGE AVENUE SUITE 2500 ORLANDO FL 32801-1683
--	---

2. Principal Place of Business 254 DRIGGS DRIVE Suite, Apt. #, etc.	3. Mailing Address P.O. BOX 4249 Suite, Apt. #, etc.
--	---

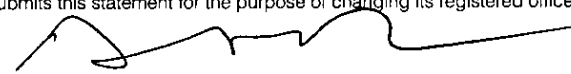
City & State WINTER PARK, FL	City & State WINTER PARK, FL	4. FEI Number 59-3136710	Applied For <input type="checkbox"/> Not Applicable
Zip 32792	Country USA	Zip 32793	Country USA



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent SALLEY, STEPHEN G ESQ. 390 N. ORANGE AVENUE SUITE 2500 ORLANDO FL 32801	7. Name and Address of New Registered Agent Name B&C CORPORATE SERVICES CENTRAL FL, INC Street Address (P.O. Box Number is Not Acceptable) 390 N. ORANGE AVE SUITE 1100 City ORLANDO FL Zip Code 32801
--	--

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  **Anthony W. Palma, Vice President** DATE **4/13/00**

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) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---	--

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT MASON, BETTY 254 DRIGGS DRIVE WINTER PARK FL 32793 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV BRYAN III, JAMES B. 254 DRIGGS DR. WINTER PARK FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PM ROJAS, JOE 254 DRIGGS DR WINTER PRK FL 32792 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS SCHMIDT, CHERYL 254 DRIGGS DR WINTER PARK FL 32792 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVS SCHMIDT, CHERYL 254 DRIGGS DRIVE WINTER PARK, FL 32792 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **Cheryl Schmidt** 4/14/2000 402-678-6000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/99)