

FILED
Feb 23, 2000 8:00 am
Secretary of State
02-23-2000 90002 002 ***61.25

[illegible]

59-2699188

Applied For
Not Applicable

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

7. Name and Address of New Registered Agent

Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

SIGNATURE _____

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

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

**Make Check Payable to
Department of State**

11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
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TITLE	SD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	FRISZ, SUZEN		XX
STREET ADDRESS	5318 RED CLIFF TR		
CITY - ST - ZIP	ORLANDO FL 32812		

TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	GILKS, ERIC		
STREET ADDRESS	2930 RISSEY AVE		
CITY - ST - ZIP	ORLANDO FL 32812		

TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	WEST, JR, JOHN		
STREET ADDRESS	5326 RED CLIFF TR		
CITY-ST-ZIP	ORLANDO FL 32812		

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

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

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

SIGNATURE: SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GARY BRISCOE

Date _____ Daytime Phone # _____