

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 747162

1. Entity Name

CENTRAL FLORIDA ESTATE PLANNING COUNCIL, INC.

FILED
Mar 08, 2000 8:00 am
Secretary of State

03-08-2000 90004 025 ****61.25

Principal Place of Business

Mailing Address

% KIMBERLY STERLING
315 E. ROBINSON ST., STE 580
ORLANDO FL 32801
US

% KIMBERLY STERLING
315 E. ROBINSON ST., STE 580
ORLANDO FL 32801
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3351739

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STERLING, KIMBERLY
315 E. ROBINSON ST., STE 212
ORLANDO FL 32801

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ~~VD~~ ~~ED~~ ~~COPS~~ ~~OK~~ ~~2010~~ ☐ Delete
NAME LEGG, WILLIAM E.
STREET ADDRESS 2714 REW CIRCLE
CITY-ST-ZIP OCOEE FL 34761-2990

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD ☐ Delete
NAME STERLING, KIMBERLY
STREET ADDRESS 315 E. ROBINSON., STE 212
CITY-ST-ZIP ORLANDO FL 32801

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD ☐ Delete
NAME ELLINGTON, RANDALL
STREET ADDRESS 2757 W. STATE RD 434., STE 200
CITY-ST-ZIP LONGWOOD FL 32779

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE PD ☐ Delete
NAME LOWMAN, JOSEPH W JR
STREET ADDRESS 150 N. SPRING TRAIL
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD ☐ Delete
NAME DETZEL, LAUREN Y
STREET ADDRESS 800 NORTH MAGNOLIA AVENUE
CITY-ST-ZIP ORLANDO FL 32803

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-2-00

CR2E037 (9/99)