

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90393 001 ***245.00

DOCUMENT # N93000000732

1. Entity Name

ENTERPRISE FLORIDA, INC.

Principal Place of Business

Mailing Address

390 N ORANGE AVE
 SUITE 1300
 ORLANDO FL 32801
 US

390 N ORANGE AVE
 SUITE 1300
 ORLANDO FL 32801-1641
 US

5000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3165226

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

PAGE, THOMAS P
390 N ORANGE AVE SUITE 1300
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 **D** Delete
 NAME **LACHER, JOSEPH P**
 STREET ADDRESS **150 W FLAGLER ST STE 1901**
 CITY-ST-ZIP **MIAMI FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **P** Delete
 NAME **ANDERSON, JOHN C**
 STREET ADDRESS **390 N ORANGE AVE #1300**
 CITY-ST-ZIP **ORLANDO FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **NUNIS, RICHARD A**
 STREET ADDRESS **1375 BUENA VISTA DR**
 CITY-ST-ZIP **LAKE BUENA VISTA FL**

TITLE **Director** Change Addition
 NAME **Dr. Winfred M. Phillips**
 STREET ADDRESS **University of Florida, 300 Weil Hall**
 CITY-ST-ZIP **Gainesville, FL 32611**

TITLE **T** Delete
 NAME **VENTURA, ~~JOHN~~**
 STREET ADDRESS **390 N ORANGE AVE, SUITE 1300**
 CITY-ST-ZIP **ORLANDO FL 32801**

TITLE Change Addition
 NAME **Marc Ventura**
 STREET ADDRESS **390 N. Orange Ave., Suite 1300**
 CITY-ST-ZIP **Orlando, FL 32801**

TITLE **D** Delete
 NAME **TENNEHILL, JOE**
 STREET ADDRESS **10 ARTHUR DR**
 CITY-ST-ZIP **LYNN HAVEN FL 32444**

TITLE **Director** Change Addition
 NAME **George Koch**
 STREET ADDRESS **2100 S. Orange Ave., Tower 4**
 CITY-ST-ZIP **Orlando, FL 32801**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 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 of John C. Anderson

John C. Anderson 413100 (407)316-41600

CR2E037 (9/99)