

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000000732

1. Entity Name

ENTERPRISE FLORIDA, INC.

FILED

Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90393 001 ***245.00

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, ~~NAME~~
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 Kochen
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 4/3/00 (407)316-41600

CR2E037 (9/99)