2001 UNIFORM BUSINESS REPORT (UBR)

Feb 01, 2001 8:00 am **DOCUMENT # 747162 Secretary of State** 1. Entity Name 02-01-2001 90110 002 ****61.25 CENTRAL FLORIDA ESTATE PLANNING COUNCIL, INC. Principal Place of Business Mailing Address % KIMBERLY STERLING % KIMBERLY STERLING 614700 315 E. ROBINSON ST., STE 580 315 E. ROBINSON ST., STE 580 ORLANDO FL 32801 ORLANDO FL 32801 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3351739 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) STERLING, KIMBERLY 315 E. ROBINSON ST., STE 212 ORLANDO FL 32801 City Zip Code FL 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 9. Election Campaign Financing FILE NOW: \$5.00 May Be Make Check Payable to Trust Fund Contribution. FEE IS \$61.25 Added to Fees Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. VD Addition TITLE ☐ Delete TITLE ☐ Change LEGG, WILLIAM E. NAME NAME 2714 REW CIRCLE STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP OCOEE FL 34761-2990 TD VD Change Addition TITLE ☐ Delete TITLE STERLING, KIMBERLY NAME NAME 315 E. ROBINSON., STE 212 STREET ADDRESS STREET ADDRESS CITY-ST-7tP CITY-ST-ZIP ORLANDO FL 32801 Change TITLE ☐ Detete TITLE TD☐ Addition ELLINGTON, RANDALL NAME NAME 2757 W. STATE RD 434., STE 200 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LONGWOOD FL 32779 CITY-ST-ZIP Addition TITLE Delete TITLE ☐ Change STEVEN H. KANE LOWMAN, JOSEPH W JR NAME NAME 557 N. WYMORE ROAD, SUITE 100 150 N. SPRING TRAIL STREET ADDRESS STREET ADDRESS MAITLAND, FL CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition DETZEL, LAUREN Y NAME NAME 800 NORTH MAGNOLIA AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32803 CITY-ST-ZIP Delete ☐ Addition TITLE TITI F ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

WINN HOLDING RESTEVERHIKANE SEC & DIRECTOR

FILED