

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2002 8:00 am
Secretary of State

02-21-2002 90175 020 ****61.25

0012122

DOCUMENT # 747162

1. Entity Name

CENTRAL FLORIDA ESTATE PLANNING COUNCIL, INC.

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

301 E. Pine St., Ste 300
Suite, Apt. #, etc.

3. Mailing Address

301 E. Pine St., Ste 300
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Orlando FL

City & State

Orlando FL

4. FEI Number

59-3351739

Applied For

Not Applicable

Zip

32801-2727

Country

US

Zip

32801-2727

Country

US

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 32801-2727

301 E. Pine St., Ste. 300

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.

Address change only

SIGNATURE

Kimberly Sterling

1-28-02

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 ☐ Delete
NAME **VD**
STREET ADDRESS **LEGG, WILLIAM E.**
CITY-ST-ZIP **2714 REW CIRCLE**
OC0EE FL 34761-2990

TITLE ☐ Change ☐ Addition
NAME **President/Director**
STREET ADDRESS
CITY-ST-ZIP

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

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

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

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

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

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

TITLE ☐ Delete
NAME **SD**
STREET ADDRESS **KANE, STEVEN H**
CITY-ST-ZIP **557 N WYMORE ROAD STE 100**
MAITLAND FL 32751

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

TITLE ☐ Delete
NAME **Thomas Rogers SD**
STREET ADDRESS **900 Fox Valley Dr. #102**
CITY-ST-ZIP **Longwood FL 32779**

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: *Kimberly Sterling*

1-28-02 407-422-0252

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)