

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 723850

1. Entity Name

BETA CENTER, INC.

Principal Place of Business

Mailing Address

4680 LAKE UNDERHILL ROAD
ORLANDO FL 32807

4680 LAKE UNDERHILL ROAD
ORLANDO FL 32807

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

23-7446558

Applied For

Not Applicable

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

F & L CORP.
GREENLEAF BUILDING, THIRD FLOOR
200 LAURA STREET
JACKSONVILLE FL 32202-3527

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
NAME
STREET ADDRESS
CITY-ST-ZIP
CD
DELAHUNTY, TERNECE JR
1501 E JEFFERSON ST
ORLANDO FL 32801 ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
VAN HOECK, DOLLY
7604 APPLE TREE CIRCLE
ORLANDO FL ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
SWANSON, TRACY
11651 NELLIE OAKS BEND
CLERMONT FL 34711 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPD
8216 SARAGOZA COURT
ORLANDO FL 32836 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPD
KULMANN, CHARLES
1421 NOTTINGHAM ST
ORLANDO FL 32803 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
CHRISTOPHER TESSITORE
215 N. EOLA DR.
ORLANDO, FL 32801 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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 #

3/19/02 407-682-1894
K137

CR2E037 (9/01)

0067886