

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2002 8:00 am
Secretary of State
 05-02-2002 90011 037 ****61.25

DOCUMENT # N93000000732

1. Entity Name
ENTERPRISE FLORIDA, INC.

Principal Place of Business 390 N ORANGE AVE SUITE 1300 ORLANDO FL 32801 US	Mailing Address 390 N ORANGE AVE SUITE 1300 ORLANDO FL 32801 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number 59-3165226	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
KEAN, WILLIAM L
390 N ORANGE AVE SUITE 1300
ORLANDO FL 32801

7. Name and Address of New Registered Agent
 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 _____ (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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LACHER, JOSEPH P 150 W FLAGLER ST STE 1901 MIAMI FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ANDERSON, JOHN C 390 N ORANGE AVE #1300 ORLANDO FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PHILLIPS, WINFREEL M UF 300 NEIL HALL GAINESVILLE FL 32611
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T VENTURA, MARC 390 N ORANGE AVE, SUITE 1300 ORLANDO FL 32801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KOCHN, GEORGE 2100 S ORANGE AVE TOWER 1 ORLANDO FL 32801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C BUSH, JEB PL-05, THE CAPITOL TALLAHASSEE, FL 32399
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OTIS, CLARENCE 5900 LAKE ELLENOR DR. ORLANDO, FL 32809
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOWDEN, TRAVIS ONE ENRGY PLACE PENSACOLA, FL 32520
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KOEHN, GEORGE 2100 S. Orange Ave Tower 1 Orlando, FL 32801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED** 4-16-02 407-316-4512
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)