

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2002 8:00 am
Secretary of State

05-23-2002 90021 015 ****70.00

DOCUMENT # N96000001849

1. Entity Name

FLORIDA ASSOCIATION OF CADASTRAL MAPPERS, INC.

Principal Place of Business

**6416 - 9TH ST. NORTH
 ST. PETERSBURG FL
 33702**

Mailing Address

**P O BOX 4711
 SEMINOLE FL 33775-4711
 US**

2. Principal Place of Business

460 NW 107TH AVE

3. Mailing Address

Suite, Apt. #, etc.

City & State

PEMBROKE PINES, FL

City & State

Zip

33086

Country

U.S.

Zip

Country

6. Name and Address of Current Registered Agent

**DEANE, WILLIAM W
 1597 62ND AVE NO.
 ST PETERSBURG, FL
 33702**

7. Name and Address of New Registered Agent

**GERWIG, CHERYL A.
 Street Address (P.O. Box Number is Not Acceptable)
 460 NW 107TH AVE
 City: PEMBROKE PINES, FL Zip Code: 33086**

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

Cheryl A. Gerwig CHERYL A. GERWIG

4/29/02

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	T. GERWIG, CHERYL A. 460 NW 107TH AVE. PEMBROKE PINES, FL 33086	Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PRESTRIDGE, MICHAEL 200 S. ORANGE AVE ORLANDO, FL 32801	Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P EDWARDS, ELLEN 255 N. WILSON AVE. BARTOW, FL 33830	Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DARY, STEWART 812 DELANEY PARK DR ORLANDO, FL 32806	Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	G MAASCH, JEFF 1840 25TH ST. INDIAN RIVER CO P/A VERO BEACH FL 32960	Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D, VP BROWN, KEVIN 1689 SUSAN DR. MIDDLEBURG FL 32068	Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(C)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(P)	<input checked="" 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: Cheryl A. Gerwig CHERYL A. GERWIG 4/29/02 (954) 357-6853

CR2E037 (10/00)