2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # 482510 1. Entity Name RON SELLERS & ASSOCIATES, INC.

FILED Apr 21, 2000 8:00 am Secretary of State

04-21-2000 90100 020 ***158.75

Principal Place of Business Mailing Address								
255 S. ORANGE AVENUE SUITE 760 ORLANDO FL 32801 US		255 S. ORANGE AVENUE SUITE 760 ORLANDO FL 32801-3450 US			T (OPHA) BIRBA (ORIGIN HABA) ONON (URA)	######################################	<i>~ (</i>)	
2. Principal Pl	ace of Business	3. Mailing Address						
	ange Avenue	20 N. Orange Avenue				(C)) Older Brain w	ISIA BIBAR BIBI	
Suite, Apt.		Suite, Apt. #, etc.			DO NOT WRITE	IN THIS SP	ACE	
Suite 70		Suite 702		<u> </u>			1 100	-Pad Car
City & State		City & State		4.	FEI Number 59-1848050		_ _	plied For t Applicable
Orlando, FL Zip Country		Orlando, FL Country			<u></u>	_ \$	3.75 Add	
32801	US	32801	US	5.	. Certificate of Status Desired		e Required	
6. Name and Address of Current F				7.	Name and Address of New Re	gistered Ag	ent	
			phor B Conduct					
SELL	er, ronald f			Christopher B. Gardner Street Address (P.O. Box Number is Not Acceptable)				
	RIVERSIDE DR		138 Ward Drive			***		
STE								
PALM BEACH GARDENS FL 33410			City Orlan	do		FL	Zip Code 32789	-
8. The above named entity submits discrete ent for the purpose of changing its registered office or registered agent, or both, in the State of Florida.								
_	1411.			-				
SIGNATURE _	//m	Chr	istopher B	. Gardı	ner	4/13	/00	
	Signature, type to printed name of registered agent	and title if applicable (NOTE	istopher P Registered Agent signat	ure required wher	n reinstating)	DATÉ		
Tax filing re	oration is eligible to satisfy its Intangible equirement and elects to do so.	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of Sta		550.00	10. Election Campaign Fina Trust Fund Contribution.	· -		0 May Be to Fees
11.	OFFICERS AND	L	12.		ADDITIONS/CHANGES TO OFFIC	CERS AND D	IBECTORS	: IN 11
TITLE	PD OFFICERS AND	Dinections Delete	TITLE	lc	ADDITIONS/OFFARIGED TO STATE		Change	Addition
NAME	SELLERS, RONALD F	L. Doloto	NAME	1 -	Donald [-	A	
STREET ADDRESS	4109 HICKORY DR.		STREET ADDRESS		lers, Ronald F. 19 Hickory Drive			
CITY-ST-ZIP	PALM BCH. GARDENS		CITY-ST-ZIP	Palm I				
TITLE	VP	☐ Delete	TITLE	P		[Change	Addition
NAME	GARDNER, CHRISTOPHER		NAME-	<u> </u>	er, Christopher	•	Λ.	
STREET ADDRESS	138 WARD DRIVE		STREET ADDRESS		ard Drive			
CITY-ST-ZIP	WINTER PARK FL		CITY-ST-ZIP		r Park, FL			
TITLE	VP	🔀 Delete	TITLE			L	Change	Addition
NAME .	SELLERS, BENJAMIN L.		NAME Street Address]				
STREET ADDRESS CITY-ST-ZIP	1555 Fairway Dr. W. Palm Beach Fl	F 1 1 2	CITY-ST-ZIP		ي يو ي	¢,,		<u> </u>
TITLE	VP VP	Delete	TITLE				Change	Addition
NAME	GARDNER, BEVERLY	C Delete	NAME			_		
STREET ADDRESS	138 WARD DR		STREET ADDRESS					
CITY-ST-ZIP	WINTER PARK FL		CITY-ST-ZIP					
TITLE	ST	☐ Delete	TITLE				Change	☐ Addition
NAME	ESTERS, WANDA V		NAME					
STREET ADDRESS	117 SPRINGHOLLOW BLVD.		STREET ADDRESS					
CITY-ST-ZIP	APOPKA FL 32712		CITY-ST-ZIP				-	
TITLE		☐ Delete	TITLE			L	_ Change	☐ Addition
NAME STREET ADDRESS			NAME STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					
13 I bereby o	ertify that the information supplied with	this filing does not qualify for	the exemption sta	ted in Sectio	n 119.07(3)(i), Florida Statutes, I f	further certify	that the ir	formation
13. 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 empowers to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if								

changed, or on an attachment with an

SIGNATURE:

4/13/00

407-999-9994

Daytime Phone #