## 2000 UNIFORM BUSINESS REPORT (UBR)

## **FILED** DOCUMENT # 543821 Jan 27, 2000 8:00 am **Secretary of State** MILLER SELLEN CONNER & WALSH, INC. 01-27-2000 90104 030 \*\*\*150.00 Principal Place of Business Mailing Address 214 EAST LUCERNE CIRCLE 214 EAST LUCERNE CIRCLE ORLANDO FL 32801-4403 ORLANDO FL 32801 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-1762052 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MILLER, STEPHEN R. Street Address (P.O. Box Number is Not Acceptable) 2038 FOREST CLUB DRIVE ORLANDO FL 32804 Zip Code FL 4 40 11 37 1 ubmits this statement fo purpose of changing its registered office or registered agent, or both, in the State of Florida 8. The above named 2 January 5, SIGNATURE if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. VPD TITLE Addition ☐ Delete VP TITLE SELLEN, JAMES A. NAME NAME Cook, H. William STREET ADDRESS 450 JO AL CA AVENUE STREET ADDRESS 3850 Hunters Isle Drive CITY-ST-ZIP CITY-ST-ZIP WINTER PARK FL 32789 Orlando, FL 32837 PTDC Change **X**Addition Delete T(T) F TITLE. MILLER, STEPHEN R. NAME NAME McNeill, A. Geoffrey STREET ADDRESS STREET ADDRESS 2038 FOREST CLUB DR 1760 Chinook Trail Maitland, FL 32751 CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32804 ☐ Delete TITLE ☐ Change XAddition TITLE WALSH, KEVIN T. NAME NAME Bennett, R. Lance STREET ADDRESS 9442 WICKHAM WAY STREET ADDRESS 504 Cornwall Road CITY-ST-ZIP ORLANDO FL 32836 CITY-ST-ZIP Winter Park, FL 32792 **VPSD** ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME CONNER, CAROL D NAME STREET ADDRESS STREET ADDRESS 5110 JENNIFER PLACE CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32807 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME FRAZEE. NEIL C. STREET ADDRESS 3801 DONNA LYNN LANE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32817 ☐ Change ☐ Addition VΡ ☐ Delete TITLE TITLE WARREN ERIC E. NAME NAME STREET ADDRESS STREET ADDRESS 5363 CHISWICK CIRCLE CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32812

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 suppliemental 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 rustee empowered 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 address of the all others the empowered.

CR2E034 (9

January 5, 2000 407-422-3330

YED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

Date

Daytime Phone #