## 2001 UNIFORM BUSINESS REPORT (UBR)

## **FILED** Jan 31, 2001 8:00 am Secretary of State DOCUMENT # 712026 1. Entity Name INTERNATIONAL COUNCIL OF CENTRAL FLORIDA, INC. 01-31-2001 90180 050 \*\*\*\*61.25 Principal Place of Business Mailing Address 1400 W FAIRBANKS, 102 1400 W FAIRBANKS, 102 SUITE 102 **SUITE 102** C0013351 WINTER PARK FL 32789 WINTER PARK FL 32789 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-1837575 Not Applicable Zip 7in Country Country \$8.75 Additional 5. Certificate of Status Desired 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)\_ CHASTANG, LAWRENCE U-1400 W. FAIRBANKS, #102 WINTER PARK FL 32789 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW: 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. **Department of State FEE IS \$61,25** Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. TITLE TITLE ☐ Channe ☐ Addition Delete NAME SHANK, GEORGE NAME STREET ADDRESS 715 WEST STATE RD 434, SUITE G STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LONGWOOD FL 32750 VPD TITLE ☐ Delete ☐ Change TITLE Addition GEHRI, PATRICIA NAME NAME STREET ADDRESS 1850 LEE RD, STE 300 STREET ADDRESS CITY-ST-ZIP WINTER PARK FL 32789 CITY-ST-ZIP SD TITLE ☐ Delete TITLE ☐ Change ☐ Addition PAPPALANDO, JANET NAME NAME 98 WISTERIA DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIR -LONGWOOD-FL-32779 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition CHASTANG, LAWRENCE NAME NAME STREET ADDRESS 1400 W FAIRBANKS AV #102 STREET ADDRESS CITY-ST-ZIP WINTER PARK FL 32789 CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change [ ] Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not quality for the elemption 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 any first 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 eport as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

407-629-19