

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 28, 2001 8:00 am**  
**Secretary of State**

02-28-2001 90122 007 \*\*\*\*61.25

**DOCUMENT # 713615**

1. Entity Name  
**COUNCIL FOR CONTINUING EDUCATION FOR WOMEN OF CE**

Principal Place of Business  
**2700 LAKE SHORE DR  
 ORLANDO FL 32803**

Mailing Address  
**2700 LAKE SHORE DR  
 ORLANDO FL 32803**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**1620 Mayflower Ct.**

3. Mailing Address  
**1620 Mayflower Ct.**

Suite, Apt. #, etc.  
**A-415**

Suite, Apt. #, etc.  
**A-415**

City & State  
**WINTER PARK, FL.**

City & State  
**WINTER PARK, FL**

4. FEI Number  
**59-6214617**

Applied For  
 Not Applicable

Zip  
**32792**

Country  
**USA**

Zip  
**32792**

Country  
**USA**

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**ETTINGER, BEATRICE B.  
 2700 LAKE SHORE DR.  
 ORLANDO FL 32803**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**1620 Mayflower Court Apt A-415**  
 City **Winter Park, FL** Zip Code **32792**

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 **BEATRICE B. ETTINGER** *Beatrice B. Ettinger*  
 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	<b>SD</b> <b>BROWN, DIANE J</b> <b>516 APPLEWOOD AVE</b> <b>ALTAMONTE SPRINGS FL</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>CROTTY, MARILYN</b> <b>150 SPRING COVE TRAIL</b> <b>ALTAMONTE SPRINGS FL</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>MACMAHON, ALICE T</b> <b>1111 WILLOWBROOK TRAIL</b> <b>MAITLAND, FL 00000</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>ETTINGER, BEATRICE B</b> <b>2700 LK SHORE DR</b> <b>ORLANDO, FL 00000</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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	<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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1620 Mayflower Court Apt A-415</b> <b>Winter Park, FL, 32792</b>
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

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. **BEATRICE B. ETTINGER**

SIGNATURE: *Beatrice B Ettinger* **2/23/01 (407) 679-3456**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)