

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **722060**

1. Entity Name

BIG BROTHERS/BIG SISTERS OF CENTRAL FLORIDA, INC

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90946 005 ****61.25

Principal Place of Business Mailing Address
5104 N ORANGE BLOSSOM TRL **5104 N ORANGE BLOSSOM TRL**
SUITE 224 **SUITE 224**
ORLANDO FL 32810 **ORLANDO FL 32810-1016**
US **US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.
 3. Mailing Address Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

4. FEI Number **23-7236410** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SZALANSKI, DAVID L
7350 WESTPOINT BLVD
SUITE 221
ORLANDO FL 32835

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** 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 *Jeanette Steward* DATE 4/26/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	TYSON, DOUG	
STREET ADDRESS	225 E ROBINSON, #300	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	HANNAMAN, JIMMY	
STREET ADDRESS	320 E SOUTH ST,	
CITY-ST-ZIP	ORLANDO FL 32810	
TITLE	TD	<input type="checkbox"/> Delete
NAME	STEWART, JEANETTE	
STREET ADDRESS	1201 S ORLANDO AVE, #400	
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	KEFAUVER, JOE	
STREET ADDRESS	5900 LAKE ELLENOR DR	
CITY-ST-ZIP	ORLANDO FL 32809	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	Secretary	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Elizabeth Hughes	
STREET ADDRESS	5124 Park Central Dr. # 524	
CITY-ST-ZIP	Orlando FL 32839	
TITLE	President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jeanette Steward	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1516 E. Hillcrest Ste 212	
CITY-ST-ZIP	Orlando, FL 32803	
TITLE	Internal VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jenny Eschen	
STREET ADDRESS	2037 Grand Brook Circle # 1023	
CITY-ST-ZIP	Orlando FL	
TITLE	External VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Christie Padgett	
STREET ADDRESS	P.O. Box 1300	
CITY-ST-ZIP	Apopka FL 32704	
TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Tara Shulas	
STREET ADDRESS	1201 S. Orlando Ave.	
CITY-ST-ZIP	Winter Park FL 32789	

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: *Jeanette Steward* DATE 4/26/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (9/99)