

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 05, 2000 8:00 am**  
**Secretary of State**

04-05-2000 90066 003 \*\*\*\*61.25

**DOCUMENT # 723850**

1. Entity Name

**BETA CENTER, INC.**

Principal Place of Business

Mailing Address

**4680 LAKE UNDERHILL ROAD  
 ORLANDO FL 32807**

**4680 LAKE UNDERHILL ROAD  
 ORLANDO FL 32807-1182**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**23-7446558**

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

**F & L CORP.  
 GREENLEAF BUILDING, THIRD FLOOR  
 200 LAURA STREET  
 JACKSONVILLE FL 32202-3527**

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 \_\_\_\_\_

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>CD</b>	<input type="checkbox"/> Delete
NAME	<b>DELAHUNTY, TERNECE JR</b>	
STREET ADDRESS	<b>1501 E JEFFERSON ST</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32801</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> Delete
NAME	<b>VAN HOECK, DOLLY</b>	
STREET ADDRESS	<b>7604 APPLE TREE CIRCLE</b>	
CITY-ST-ZIP	<b>ORLANDO FL</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> Delete
NAME	<b>SWANSON, TRACY</b>	
STREET ADDRESS	<b>11651 NELLIE OAKS BEND</b>	
CITY-ST-ZIP	<b>CLERMONT FL 34711</b>	
TITLE	<b>VPD</b>	<input type="checkbox"/> Delete
NAME	<b>KULMANN, CHARLES</b>	
STREET ADDRESS	<b>1421 NOTTINGHAM ST</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32803</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 lists empowered.

**SIGNATURE:**

*Tracy Swanson*  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**3/31/00**

**407-277-1942**

Date

Daytime Phone #

CR2E037 (9/99)