

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 724476

1. Entity Name

FLORIDA REGION-AMERICAN SOCIETY OF PHOTOGRAMMETR

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

07-17-2000 90001 014 ****61.25

Principal Place of Business C/O GREEBORNE & O'MARA, INC. 9800 4TH ST. N. SUITE 202 ST. PETERSBURG FL 33702 US	Mailing Address C/O GREENHORNE & O'MARA, INC. 9800 4TH ST. N. SUITE 202 ST. PETERSBURG FL 33702-2462 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number 54-1386893	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent O'KEIFE, KATHLEEN C/O GREENHORNE & O'MARA INC. 9800 4TH ST. N., SUITE 202 ST PETERSBURG FL 33702
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7. Name and Address of New Registered Agent Name: Tim Leary Street Address (P.O. Box Number is Not Acceptable): ImageLinks, Inc 4450 West Eau Gallie Blvd # 164 City: Melbourne FL Zip Code: 32934
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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: <i>Kathleen O'Keife</i> Signature, typed or printed name of registered agent and title (Applicable). (NOTE: Registered Agent signature required when reinstating)	DATE: 7/1/00
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FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PP WATTS, CHARLES 327 RIDGEWOOD AVE. HOLLY HILL FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST O'KEIFE, KATHLEEN 9800 4TH STREET NORTH, SUITE 202 ST PETERSBURG FL 33702 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MACAULAY, GAIL MCGARRY 100 8TH AVE SE ST. PETERSBURG FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BURROUGHS, BRENDA S. 5850 T.G. LEE BLVD, #650 ORLANDO FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEWITT, BEN 346 WAIL HALL GAINESVILLE FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FLORENCE, GARY 9800 4TH ST. NORTH, SUITE 202 ST. PETERSBURG FL <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	James Director James Cameron 3301 Gun Club Rd (SFWMD) West Palm Beach FL 33416 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Internal Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Past President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer/Secretary Tim Leary 4450 West Eau Gallie Blvd # 164 Melbourne FL 32934 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President <input checked="" 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.

SIGNATURE: <i>Kathleen O'Keife</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE: 7/1/00	DAYTIME PHONE #: 727-576 0402
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