

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2000 8:00 am
Secretary of State

01-29-2000 90115 013 ****61.25

DOCUMENT # 734514

1. Entity Name

THE FLORIDA CHAPTER OF THE AMERICAN COLLEGE OF E

Principal Place of Business

Mailing Address

3717 SOUTH CONWAY RD.
 ORLANDO FL 32812-7607

3717 SOUTH CONWAY RD.
 ORLANDO FL 32812-7607

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

23-7147400

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BRUNNER, BETH
3717 S. CONWAY RD.
ORLANDO FL 32812-7607

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	D	<input type="checkbox"/> Delete
NAME	VUKICH, DAVID	
STREET ADDRESS	3717 S. CONWAY RD.	
CITY-ST-ZIP	ORLANDO FL 32812	
TITLE	D	<input type="checkbox"/> Delete
NAME	BRUNNER, BETH	
STREET ADDRESS	3717 S. CONWAY RD.	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	STIMLER, JOHN	
STREET ADDRESS	3717 S. CONWAY ROAD	
CITY-ST-ZIP	ORLANDO FL 32812	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bob Tober	
STREET ADDRESS	3717 S. Conway Rd	
CITY-ST-ZIP	Orlando, FL 32812	
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 like empowered.

SIGNATURE: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/25/2000

Date

407-281-7396

Daytime Phone #