

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2001 8:00 am
Secretary of State

02-26-2001 90530 044 ****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

04062

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

23-7147400

Applied For

Not Applicable

Zip

Country

Zip

Country

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)

02-16-01

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 Delete
 NAME VUKICH, DAVID
 STREET ADDRESS 3717 S. CONWAY RD.
 CITY-ST-ZIP ORLANDO FL 32812

TITLE Delete
 NAME BRUNNER, BETH
 STREET ADDRESS 3717 S. CONWAY RD. Executive
 CITY-ST-ZIP ORLANDO FL Directors

TITLE Delete
 NAME TOBER, BOB
 STREET ADDRESS 3717 SOUTH CONWAY ROAD
 CITY-ST-ZIP ORLANDO FL 32812

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Change Addition
 NAME William W. Colgate
 STREET ADDRESS 3717 S. Conway Rd
 CITY-ST-ZIP Orlando, FL 32812 President

TITLE Change Addition
 NAME The same
 STREET ADDRESS Executive Director
 CITY-ST-ZIP

TITLE Change Addition
 NAME Robert P. Tober
 STREET ADDRESS 3717 S. Conway Rd
 CITY-ST-ZIP Orlando, FL 32812

TITLE Change Addition
 NAME Nabil El Samadi
 STREET ADDRESS 3717 S. Conway Rd
 CITY-ST-ZIP Orlando, FL 32812 President-Exec Director

TITLE Change Addition
 NAME David C. Seaberg
 STREET ADDRESS 3717 S. Conway Rd
 CITY-ST-ZIP Orlando, FL 32812 Vice-President

TITLE Change Addition
 NAME Michael J. Zappa
 STREET ADDRESS 3717 S. Conway Rd
 CITY-ST-ZIP Orlando, FL 32812

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

Date

02-16-01

Daytime Phone #

CR2E037 (10/00)