

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 748265

1. Entity Name

FLORIDA COUNCIL OF REACT TEAMS, INC.

FILED

Mar 03, 2000 8:00 am
Secretary of State

03-03-2000 90186 046 ****61.25

Principal Place of Business

Mailing Address

C/O M. BILL VOGENITZ
203 NORTH MCDONALD AVE.
DELAND FL 32724
US

C/O M. BILL VOGENITZ
203 NORTH MCDONALD AVE.
DELAND FL 32724-4513
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2963480

Applied For

Not Applicable

Zip

Country

Zip

Country

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

VOGENITZ, M. BILL
203 NORTH MCDONALD AVENUE
DELAND FL 32724-4513

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 PD ☐ Delete
NAME KNOTT, JOHN
STREET ADDRESS 1410 NEW YORK AVE.,
CITY-ST-ZIP ORLANDO FL 32803

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VPD ☐ Delete
NAME POWER, ERIC
STREET ADDRESS 2949 GARDEN TERRACE, N.E.
CITY-ST-ZIP PALM BAY FL 32905

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VPD ☐ Delete
NAME PICKERING, ROBERT
STREET ADDRESS 286 WELLINGTON DRIVE
CITY-ST-ZIP PALM COAST FL 32164

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD ☐ Delete
NAME CAULEY, MICHAEL
STREET ADDRESS 1410 NEW YORK AVE
CITY-ST-ZIP ORLANDO FL 32803

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD ☐ Delete
NAME VOGENITZ, M. BILL
STREET ADDRESS 203 NORTH MCDONALD AVE.
CITY-ST-ZIP DELAND FL 32724-4513

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SAD ☒ Delete
NAME GOTTLIEB, JACK
STREET ADDRESS 3430 S.W. 47TH AVE.
CITY-ST-ZIP HOLLYWOOD FL 33023

TITLE SAD ☒ Change ☐ Addition
NAME BEDFORD, HERBERT
STREET ADDRESS 1107 EAST OCEAN STREET
CITY-ST-ZIP KISSIMMEE FL 34744

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:

M. Bill Vogenitz

2/25/00

(904) 734-8852

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)