2000 UNIFORM BUSINESS REPORT (UBR)

Aug 11, 2000 08:00 AM DOCUMENT # 751361 1. Entity Name **Secretary of State** PURCHASING MANAGEMENT ASSOCIATION OF CENTRAL FLORIDA, Principal Place of Business Mailing Address PURCHASING MANAGEMENT ASSOCIATION OF CENTR P.O. BOX 621416 P.O. BOX 621416 ORLANDO ORLANDO FL 328621416 328621416 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2603005 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WAINWRIGHT 121 MERIWOOD DR Street Address (P.O. Box Number is Not Acceptable) KISSIMMEE FL34743 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. 08/11/2000 **SIGNATURE** Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) ญ็หญ่≥าเก็ ก็เรียกได้ FILE NOW: 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. **FEE IS \$61.25** Added to Fees Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE Delate TD TITLE T ☐ Addition NAME MYERS **GLORIA** NAME MORRIS JOHN STREET ADDRESS 1144 WINGED FOOT CIRCLE W STPEET ADDRESS 1712 BAXTER AVENUE CITY-ST-ZIP WINTER SPRINGS FL32708 CITY-ST-ZIP ORLANDO FL32806 TITLE ☐ Delete VD | Change ☐ Addition NAME GINN PHYLLIS NAME **FOUTS** CLAUDE STREET ADDRESS 935 AMY RIDGE CT STREET ADDRESS 804 NORTH HOAGLAND BLVD CITY-ST-ZIP KISSIMMEE 34747 CITY-ST-ZIP KISSIMMEE \mathbf{FL} 32741 TITLE ☐ Delete TITLE X Change Addition NAME NAME BUTTERFIELD DAVID PERRY **JACQUI** STREET ADDRESS 1124 PHEASANT CIRCLE STREET ADDRESS 1670 MULLET LAKE PARK ROAD CITY-ST-ZIP WINTER SPRINGS FL. 32708 CITY-ST-ZIP GENEVA \mathbf{FL} 32732 TITLE ☐ Delete TITLE XI Change ☐ Addition NAME RUKOVITZ MARTY RUKOVITZ MARTY STREET ADDRESS 3811 RUNNING WTER DR STREET ADDRESS 3811 RUNNING WIER DR CITY-ST-ZIP ORLANDO CITY-ST-ZIP ORLANDO FLTITLE ☐ Delete VD TITLE X Change ☐ Addition NAME BIVENS MARIAN MARIAN NAR/F BIVENS STREET ADDRESS 500 OHTBACK RD STREET ADDRESS 500 OUTBACK RD CITY-ST-ZIP ST CLOUD ST CLOID FL. CITY-ST-ZIP EL. TITLE ☐ Delete TITLE Change | ☐ Addition NAME WAINWRIGHT STREET ADDRESS 121 MERIWOOD DR STREET ADDRESS CITY-ST-ZIP

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CITY-ST-ZIP

FL 34743

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^{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.

RONN A CROSTON, V

1032 DOUGLAS AVENUE ALTAMONTE SPRINGS, FL 32714