

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 28, 2002 8:00 am**  
**Secretary of State**

01-28-2002 90009 024 \*\*\*\*61.25

**DOCUMENT # 751361**

1. Entity Name

**PURCHASING MANAGEMENT ASSOCIATION OF CENTRAL FLO  
RIDA, INC.**

Principal Place of Business

Mailing Address

P.O. BOX 621416  
ORLANDO FL 32862-1416

PURCHASING MGMT ASSOC.  
P.O. BOX 621416  
ORLANDO FL 32862-1416  
US

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

**59-2603005**

Applied For

Not Applicable

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

**WAINWRIGHT, ED  
121 MERIWOOD DR  
KISSIMMEE FL 34743**

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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>WAINWRIGHT, ED</b>	
STREET ADDRESS	<b>121 MERIWOOD DR</b>	
CITY-ST-ZIP	<b>KISSIMMEE FL 34743</b>	
TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>BIVENS, MARIAN</b>	
STREET ADDRESS	<b>500 OUTBACK RD</b>	<i>See title change</i>
CITY-ST-ZIP	<b>ST CLOUD FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>RUKOVITZ, MARTY</b>	
STREET ADDRESS	<b>3811 RUNNING WTER DR</b>	<i>See title change</i>
CITY-ST-ZIP	<b>ORLANDO FL</b>	
TITLE	<b>S</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>PERRY, JACQUI</b>	
STREET ADDRESS	<b>1670 MULLET LAKE PARK ROAD</b>	
CITY-ST-ZIP	<b>GENEVA FL 32732</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>FOUTS, CLAUDE J</b>	
STREET ADDRESS	<b>804 NORTH HOAGLAND BLVD</b>	<i>See title change</i>
CITY-ST-ZIP	<b>KISSIMMEE FL 32741</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>MORRIS, JOHN G</b>	
STREET ADDRESS	<b>1712 BAXTER AVENUE</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32806</b>	

TITLE	<b>SECRETARY</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>NANCY WAINWRIGHT</b>	
STREET ADDRESS	<b>121 MERIWOOD DRIVE</b>	
CITY-ST-ZIP	<b>KISSIMMEE FL 34743</b>	
TITLE	<b>1ST VICE PRESIDENT</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>RICHARD SOLIMANO</b>	
STREET ADDRESS	<b>2641 MILL RUN BLVD</b>	
CITY-ST-ZIP	<b>KISSIMMEE, FL 34744</b>	
TITLE	<b>2ND VICE PRESIDENT</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ALTHEA PEMSEL</b>	
STREET ADDRESS	<b>400 SOUTH ORANGE AVENUE</b>	
CITY-ST-ZIP	<b>ORLANDO, FLORIDA 32802</b>	
TITLE	<b>PARLIAMENTARIAN</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MARTY RUTKOVITZ</b>	
STREET ADDRESS	<b>2033 LOTSWOOD DR</b>	
CITY-ST-ZIP	<b>ORLANDO, FL 32825</b>	
TITLE	<b>PRESIDENT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CLAUDE J FOUTS</b>	
STREET ADDRESS	<b>804 NORTH HOAGLAND BLVD</b>	
CITY-ST-ZIP	<b>KISSIMMEE FL 32741</b>	
TITLE	<b>DIRECTOR OF PUBLIC RELATIONS</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MARIAN BIVENS</b>	
STREET ADDRESS	<b>500 OUTBACK ROAD</b>	
CITY-ST-ZIP	<b>ST. CLOUD, FL 34771</b>	

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

407-356-7612

CR2E037 (9/01)

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