

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****May 12, 2001 08:00 AM****Secretary of State****DOCUMENT # 753175****1. Entity Name**

THE CENTRAL FLORIDA CHAPTER OF THE AMERICAN MARKETING ASSOCIATION, INC.

Principal Place of Business

P.O. BOX 5657

WINTER PARK
32793

US

FL

Mailing Address

P.O. BOX 5657

WINTER PARK
32793

US

FL

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**59-2027963**

Applied For

Not Applicable

5. Certificate of Status Desired☐**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent**DEE NICOLE
8855 GRISSOM PKWY

TITUSVILLE

32780

US

FL

7. Name and Address of New Registered Agent

Name

SANTOS CHRISTA

Street Address (P.O. Box Number is Not Acceptable)
12565 RESEARCH PARKWAY

STE #300

City

ORLANDO

FL

Zip Code
32826**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 **CHRISTA SANTOS****05/12/2001**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

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 NAME STREET ADDRESS CITY-ST-ZIP	VD ESTERSON ERICA 8517 S PARK CIRCLE ORLANDO FL 32819	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AZIZ EVA 10847 GLEN COVE CIRCLE, APT 304 ORLANDO FL 32817	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KROLLPFEIFFER MICHELLE 1900 SUMMIT TOWER BLVD STE 600 ORLANDO FL 32810	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BOTSKO JULIA 26 1/2 SOUTH LAWSONA BLVD. ORLANDO FL 32801	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD THOMAS SUE ANN 2300 S HALIFAX DR DAYTONA BEACH FL 32118	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WEISS SAMANTHA 4572 PALMETTO AVENUE WINTER PARK FL 32792	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COHEN STEVE 5728 MAJOR BLVD STE. 650 ORLANDO FL 32819	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BLAYLOCK KIM 225 E ROBINSON STE 570 ORLANDO FL 32801	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOFFMAN NICOLE 1679 ARASH CIRCLE PORT ORANGE FL 32124	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SANTOS CHRISTA 12565 RESEARCH PKWY STE 300 ORLANDO FL 32826	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SANTOS CHRISTA 12565 RESEARCH PKWY STE 300 ORLANDO FL 32826	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Nicole Hoffman

D

05/12/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)

STEVE TISHMAN, D
P O BOX 161087

ALTAMONTE SPRINGS, FL 32716 US

ANDRES GOYANES, D
6153 RALEIGH ST
APT #1336
ORLANDO, FL 32835 US

LEEANN LEE, D
1612 ILLINOIS STREET

ORLANDO, FL 32803 US

ROBERT GIBSON, D
P. O. BOX 593688

ORLANDO, FL 32824 US

JEANNE HARTIG, D
12101 ASHTON MANOR WAY
APT 207
ORLANDO, FL 32817 US