

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 762519

1. Entity Name

BILL MCCOLLUM INTERN PROGRAM, INC.

**FILED**  
**Sep 06, 2000 8:00 am**  
**Secretary of State**

09-06-2000 90093 038 \*\*\*\*61.25

Principal Place of Business

605 EAST ROBINSON ST  
 STE 650  
 ORLANDO FL 32801  
 US

Mailing Address

605 EAST ROBINSON ST  
 STE 650  
 ORLANDO FL 32801  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2181595

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

DAVIS, MICHAEL S  
 3936 TAMiami TRAIL NORTH  
 SUITE B  
 NAPLES FL 33940

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**  
**After September 13, 2000 min. will be \$236.25**

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	STD	<input type="checkbox"/> Delete
NAME	DAVIS, MICHAEL S	
STREET ADDRESS	3936 TAMiami TRAIL NORTH, SUITE B	
CITY-ST-ZIP	NAPLES FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	MCCOLLUM, BILL	
STREET ADDRESS	605 E ROBINSON ST SUITE 650	
CITY-ST-ZIP	ORLANDO FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SIMPSON, PATRICIA	
STREET ADDRESS	650 SANDPIPER RD	
CITY-ST-ZIP	APOPKA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCCARTHY, ANNA	
STREET ADDRESS	903 LEIGH AVENUE	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	VOGT, LINDA	
STREET ADDRESS	5111 BELLEVILLE AVENUE	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BUERGER, ROBERT P	
STREET ADDRESS	26 MINNEHAHA CIR	
CITY-ST-ZIP	MAITLAND FL	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 empowerments.

SIGNATURE:

*Bill McCollum*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Bill McCollum

8-28-00

407-872-1962

Date

Daytime Phone #

CR2E037 (5/00)