FILED
Aug 31, 2001 8:00 am
Secretary of State
08-13-2001 90065 027 ****70.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 764714

1. Entity Name

SMPS FLORIDA CHAPTER, INC.

Principal Place of Business	Mailing Address
60 NORTH COURT SUITE 100 ORLANDO FL 32801 US	60 NORTH COURT SUITE 100 ORLANDO FL 32801 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
614 E. HIGHWAY 50	P.O. BOX 1459
Suite, Apt. #, etc.: 323	Suite, Apt. #, etc.:
City & State: CLERMONT, FL	City & State: ORLANDO, FL
Zip: 34711 Country: USA	Zip: 32801 Country: USA

4. FEI Number 59-2648921 ☐ 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
RENNER, TRACEY 60 NORTH COURT SUITE 100 ORLANDO FL 32801	Name: SHERI FORD LEWIN Street Address (P.O. Box Number is Not Acceptable): 614 E. HIGHWAY 50, SUITE 323 City: CLERMONT FL Zip Code: 34711

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: Sheri Ford Lewin 7/13/01
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 12, 2001, 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P RENNER, TRACEY 60 NORTH COURT AVENUE SUITE 100 ORLANDO FL 32801	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P LEWIN, SHERI 614 E.HIGHWAY 50, SUITE 323 CLERMONT, FL 34711	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V LEWIN, SHERI 614 EAST HIGHWAY 50 SUITE 213 CLERMONT FL 34711	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PRES. ELECT MITROOK, KIM 301 W. COLONIAL DRIVE ORLANDO, FL 32801	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T TAUBENSEE, CHERYL 200 EAST ROBINSON STREET SUITE 1560 ORLANDO FL 32801	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D T STILLMAN, GREG 2500 MAITLAND CENTER PARKWAY, SUITE 311 MAITLAND, FL 32751	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S LEE, LEEANN 201 EAST PINE STREET SUITE 1200 ORLANDO FL 32801	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D S RIDENOUR, KIMBERLY 5401 BENCHMARK LANE SANFORD, FL 32773	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FRANKLIN, CATHERINE 1505 EAST COLONIAL DRIVE ORLANDO FL 32853	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D IMMEDIATE PAST PRESIDENT TRACEY RENNER 60 NORTH COURT AVENUE, SUITE 100 ORLANDO, FL 32801	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KEENE, KAREN 630 NORTH WYMORE ROAD SUITE 370 MAITLAND FL 32751	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CRAFTON, TERI 1055 MAITLAND CENTER COMMONS BLVD MAITLAND, FL 32751	☒ Change ☐ Addition

CR2E037 (5/01)

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: Sheri Ford Lewin 7/13/01
SIGNATURE AND TYPED OR PRINTED NAME OF REPORTING OFFICER OR DIRECTOR Date Daytime Phone #