2000 HNICORM RUSINESS REPORT (HRR)

2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # F63197 1. Entity Name WILLIAM GORMAN & ASSOCIATES, INC.					FILED Apr 17, 2000 8:00 am Secretary of State				
					Principal Place	of Business	Mailing Address		
2953 8 FERNCREEK AVENUE ORLANDO FL 32806		2953 B FERNCREEK AVENUE ORLANDO FL 32806-5547			VOOZATTA				
2. Principal Pl 1450 (Suite, Apt.	ace of Business BRANADA Blyd. #, etc.	3. Mailing Address P. O. Box 42069 Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
Gity & State	mmre FL	City & State	E, FL	4.	FEI Number 59-24593	45	<u> </u>	plied For	
3474	lo Country USA	34742	Country U.S. A.		Certificate of Status Desired	Fe Fe	8.75 Add e Required		
	6. Name and Address of Current I	Registered Agent	Name		Name and Address of New		ent		
GORI 2953	Street Address (P.O. Box Number is Not Acceptable) 7450 GRADAGA DIVA								
	NDO, 32806								
			City		mmee	FL	Zip Code	<u> </u>	
8. The above	named entity submits this statement for	the purpose of changing its r	egistered office or	r registered a	igent, or both, in the State of	Florida.	i		
SIGNATURE .	William S. Gok	2MAC (NOTE:	Registered Agent signat	ure required when	reinstating)	4//D/ DATE	DO		
	ration is eligible to satisfy its Intangible	FILE NOW!!	! FEE IS \$150.	00	10. Election Campaign		 \$5.0	 0 Мау Во	
	equirement and elects to do so. ia on back)	After MAY 1, 200 Make Check Payabl			Trust Fund Contribu			to Fees	
11.	OFFICERS AND		12.	10-4	ADDITIONS/CHANGES TO O			3 IN 11	
TITLE NAME	PTC Gorman, William S.	☐ Delete	TITLE NAME	133	iam S. GORMA	~ ·	X Change		
STREET ADDRESS	2239 MCLAREN CIRCLE		STREET ADDRESS CITY-ST-ZIP	11450	GRANADA BIVO MMEE, FL 34	1,			
CITY-ST-ZIP	KISSIMMEE FL AVP	Delete	TITLE	VPS	$\frac{1}{2} \frac{1}{1} \frac{1}$)	Change		
NAME STREET ADDRESS	Gorman, Sandra 2953-b South Ferncreek Avi	:	NAME STREET ADDRESS	SAMO	RAL, GORMAN GRANADA BIL	d.			
CITY-ST-ZIP	ORLANDO FL		CITY-ST-ZIP	K155	MMEE. FL 34	146			
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CITY-ST-ZIP			UITT-ST-ZR						

13. 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 indicated on this report or supplemental port of true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or direction the corporation or the receiver or trustee empowered be execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 changed, or on an attachment with an address, with an other like empowered.

SIGNATURE: (