## 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F9500003525  1. Entity Name APH MANAGEMENT, INC.								FILED					
Principal Place 950 N. ORLAN GUITE 920 WINTER PARK US	NDO AVE.	s	Mailing Address P.O. BOX 4961 ORLANDO FL 32802-4961				O2 APR 17 AM 10: 40  SECRETARY OF STATE TALLAHASSEE, FLORIDA						
2. Principal P	lace of Busi	ness	3. Mailing Address					<b>  </b>	II <b>Ag</b> iii <b>ba</b> iii bai				
Suite, Apt. #, etc.  50776 120			Suite, Apt. #, etc.  City & State				4. FEI Number	DO NOT WRIT	E IN THIS SP		plied For	7	
City & State	<del></del>		City & State				4. FEI NUITIDET	76-0461613		No	t Applicable	1	
Zip	Zip Country		Zip Coun		try	5. Certificate of Status Desired \$8.75			<b>3.75</b> Add e Required	Additional Juired			
	6. Name	and Address of Current				7. Name and Address of New Registered Agent ame						-	
390 N OF		SERVICES OF CENTRAL E., STE. 1100	FLORIDA			ddress (P.0	O. Box Number	is Not Acceptable	)			-	
					City			•	FL	Zip Code	<del>,</del>		
SIGNATURE .	Signature, typeo	y submits this statement for printed name of registered agent a gible to satisfy its Intangible and elects to do so.		E: Registere	d Agent signat	ure required wh	nen reinstatling)	in the State of Flo ion Campaign Fin Fund Contribution	DATE		<b>0</b> May Be	_	
(See criter	ia on back)		Make Check Paya	ble to D			ŀ						
11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	701 BRA AUSTIN	IUCK, ROBERT M ZOS ST SUITE 900 TX 78701	☐ Delete		E ET ADDRESS -ST-ZIP	<b>F</b>		HANGES TO OFFI - 04/25, ****15	3 <b>4:8</b> 2 70201 38.75	☑ Change	Addition 2	CR2E034 (9/01)	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Delete PALMER, CHARLES B 950 N. ORLANDO AVE., SUITE 320 WINTER PARK FL 32789				-	MOZP	MER CHARLES B ON. ORLANDOAVE, SUITE 120 NTEL PARK, FL 32789						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT Delete KENT, MARK 701 BRAZOS ST SUITE 900 AUSTIN TX 78701				E E EET ADDRESS -ST-ZIP	VICE KENT 701 E	E PRESIDENT SChange Addition A						
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete			PERRI	4. ORLAI	STON I VDO AVE, S K, FL.	SUITE 1:	Change	Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete							Change	☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Celete	CITY	ET ADDRESS - ST-ZIP					_ Change	Addition		
indicated of the cor changed	on this report poration or to or on an att	ort or supplemental report is the receiver or trustee empo	this filing does not qualify for true and accurate and that owered to execute this report with all other like empowered	my signa t as requi	ture shall r red by Cha	nave the sa apter 607, f	ion 119.07(3)(i), me legal effect Florida Statutes;	as if made under of and that my name	further certify bath; that I am appears in I	an officer Block 11 or	Block 12 if		
SIGNAT	URE:	SIGNATURE AND TYPED OR P	PRINTED NAME OF SIGNING OFFICER	OR DIREC		F) PIL	NAN KEN	Date		ime Phone #	<del>10</del>	h	