

DOCUMENT # F98000006763

1. Entity Name
BLUE BISON FUNDING CORP.

FILED

00 AUG -4 AM 7:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AMENDMENT

Principal Place of Business 1781 PARK CENTER DR ORLANDO FL 32835	Mailing Address 1781 PARK CENTER DR ORLANDO FL 32835-6210 US
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[Handwritten Signature]



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 6177 Lake Ellenor Dr. Suite, Apt. #, etc.		3. Mailing Address 6177 Lake Ellenor Dr. Suite, Apt. #, etc.	
City & State Orlando, FL		City & State Orlando, FL	
Zip 32809	Country US	Zip 32809	Country US

4. FEI Number 94-3314702	Applied For ☐ Not Applicable
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6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

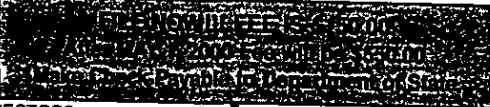
7. Name and Address of New Registered Agent

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 _____

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) ☐



10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

OFFICERS AND DIRECTORS	
PD MILLER, L. STEVEN 1781 PARK CENTER DRIVE ORLANDO FL 32835	☒ Delete
TD GOODMAN, RICHARD 1781 PARK CENTER DRIVE ORLANDO FL 32835	☒ Delete
SD BELL, THOMAS A 1781 PARK CENTER DRIVE ORLANDO FL 32835	☒ Delete
 	☐ Delete
 	☐ Delete
 	☐ Delete

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
P/D Charles C. Frey 6177 Lake Ellenor Dr. Orlando, FL 32809	☐ Change ☒ Addition
S Stephen M. Richmond 6177 Lake Ellenor Dr. Orlando, FL 32809	☐ Change ☒ Addition
T Keith J. Brown 6177 Lake Ellenor Dr. Orlando, FL 32809	☐ Change ☒ Addition
D T. Lincoln Morison 6177 Lake Ellenor Dr. Orlando, FL 32809	☐ Change ☒ Addition
D Thomas J. Gispanski 6177 Lake Ellenor Dr. Orlando, FL 32809	☐ Change ☒ Addition
 	☐ Change ☐ Addition

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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* Stephen M. Richmond
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date _____ Daytime Phone # _____
600003384076--4
-09/06/00--01095--003
***1247-50 ***01-25
532-1350
407) X 532-1350
XXXXXX

CR2E034 (9/99)