## 2001 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # F9800006763 1. Entity Name BLUE BISON FUNDING CORP.

BLUE BISCH I DINDING COL

Principal Place of Business

Mailing Address

6177-LAKE ELLENOR-DR. ORLANDO-FL-32808 — 6177 LAKE-ELLENOR DR.-ORLANDO-FL-32909-

US

2. Principal Place of Business 1781 Park Center Dr.

Suite, Apt. #, etc.

Orlando,

City & State

32835

Zip

3. Mailing Address

1781 Park Center Dr.

Suite, Apt. #, etc.

Zip

City & State

32835

Orlando, FL 32835

Country USA 4. FEI Number

Certificate of Status Desired

94-3314702

7. Name and Address of New Registered Agent

**FILED** 

May 03, 2001 8:00 am Secretary of State

05-03-2001 90478 001 \*2.611.25

DO NOT WRITE IN THIS SPACE

Applied For Not Applicable

\$8.75 Additional

Fee Required

6. Name and Address of Current Registered Agent

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

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

FL 32835

Country

USA

Name

(NOTE: Registered Agent signature required when reinstating)

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

DATE

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.

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State **10.** Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

(See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Change Addition PD X Delete TITLE TITLE Gregory F. Rayburn NAME NAME FREY, CHARLES C STREET ADDRESS 1781 Park Center Dr. STREET ADDRESS 6177 LAKE ELLENOR DR. CITY-ST-ZIP Orlando, FL 32835 CITY-ST-ZIP ORLANDO FL 32809 ☐ Change Addition TITLE XI Delete TITLE Lawrence E. Young NAME RICHMOND, STEPHEN M NAME STREET ADDRESS 1781 Park Center Dr. STREET ADDRESS 6177 LAKE ELLENOR DR. CITY-ST-ZIP Orlando, FL 32835 CITY-ST-ZIP ORLANDO FL 32809 Change ★ Addition AS X Delete TITLE TITLE MORISON, T LINCOLN NAME John M. Campbell NAME STREET ADDRESS STREET ADDRESS 6177 LAKE ELLENOR DR. 1781 Park Center Dr. CITY-ST-7IP Orlando, FL 32835 CITY-ST-ZIP ORLANDO FL 32809 AT Change X Addition TITLE Delete TITLE Eric P. Butte BROWN, KEITH J NAME NAME 1781 Park Center Dr. 6177 LAKE ELLENOR DR. STREET ADDRESS STREET ADDRESS Orlando, FL 32835 CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32809 X Addition Change TITLE X Delete TITLE David C. Johnston GISPANSKI, THOMAS J NAME NAME STREET ADDRESS 1781 Park Center Dr. STREET ADDRESS 6177 LAKE ELLENOR DR. CITY-ST-ZIP CITY-ST-ZIP Orlando, FL 32835 ORLANDO FL 32809 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

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 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.

John M. Campbell, SIGNATURE: War M Coll

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

AS

4/24/01

407-532-1000

Daytime Phone #

CHZEU34 (10/0)