2000 UNIFORM BUSINESS REPORT (UBR)

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FILED **DOCUMENT # G71748** May 05, 2000 8:00 am 1. Entity Name FISHER, RUSHMER, WERRENRATH, DICKSON, TALLEY & D Secretary of State 05-05-2000 90102 036 ***150.00 Mailing Address Principal Place of Business 20 N. ORANGE AVENUE 20 N. ORANGE AVENUE **SUITE 1500 SUITE 1500** ORLANDO FL 32801-4624 ORLANDO FL 32801-4623 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-2340363 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FISHER, JOHN EDWIN Street Address (P.O. Box Number is Not Acceptable) 20 NORTH ORANGE AVE. **SUITE 1500** ORLANDO FL 32801 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible Election Campaign Financing **\$5.00** May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11, OFFICERS AND DIRECTORS 12. PD Change Addition TITLE TITLE Delete FISHER, JOHN NAME NAME **5 FIRST COURT** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WINDERMERE FL ☐ Change ☐ Addition Delete TITLE TITLE RUSHMER, GARY H. NAME 1000 SWEETBRIAR RD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO FL CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE WERRENRATH, REINALD, III NAME NAME 5709 BEAR LAKE CIRCLE STREET ADDRESS STREET ADDRESS APOPKA FL CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE DICKSON, RUSSELL K., JR. NAME NAME 1241 MAYFIELD AVE. STREET ADDRESS STREET ADDRESS WINTER PARK FL CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition ☐ Delete TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP mation 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 of emental 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 in 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 13. I hereby certify that the indicated on this repor of the corporation ith an address, with all other like empowered. changed, or on ar