

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Feb 07, 2001 8:00 am**  
**Secretary of State**

02-07-2001 90154 011 \*\*\*150.00

**DOCUMENT # H12129**

1. Entity Name

**MANAGEMENT AFFILIATES, INC.**

Principal Place of Business

**C/O DEBORAH METCALFE  
601 EAST ROLLINS ST  
ORLANDO FL 32803  
US**

Mailing Address

**C/O DEBORAH METCALFE  
2400 BEDFORD RD 2ND FLOOR  
ORLANDO FL 32803  
US**

2. Principal Place of Business

3. Mailing Address

**2400 BEDFORD ROAD**

Suite, Apt. #, etc.

**2ND FLOOR**

Suite, Apt. #, etc.

City & State

**ORLANDO, FL**

City & State

Zip

**32803**

Country

**U.S.**

Zip

Country

4. FEI Number

**59-2441645**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**METCALFE, DEBORAH  
601 E ROLLINS ST  
ORLANDO FL 32803**

7. Name and Address of New Registered Agent

Name

**(SAME)**

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

**2400 BEDFORD ROAD**

**2ND FLOOR**

City

**ORLANDO**

**FL**

Zip Code

**32803**

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) ☐

**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**

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CD SAGER, BILL 1545 W. POINSETTIA DR AVON PARK FL</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VCD COE, WALLACE PO BOX 63330 N/A DELTONA FL</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD WELCH, WALLY 1991 LINNEAL BEACH DR APOPKA FL</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ASD METCALFE, DEBORAH 1505 GRASSY RIDGE LANE APOPKA FL</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CHAIRMAN C/D DON BOHANNON 7430 COLONIAL CT. SANFORD, FL 32771</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P/D BRIAN PARADIS 1051 OAKPOINT CIRCLE APOPKA, FL 32712</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S/D DEBORAH METCALFE 36627 LAUREL OAK LN DADE CITY, FL 33525</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS/D MERLE PETERSON 2835 TAMARACH TRAIL APOPKA, FL 32703</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D EUGENE WEDEL 4773 LAKE CALABAY DR ORLANDO, FL 32837</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D RICHARD REINER 1816 LOST PINE LANE APOPKA, FL 32712</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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.

**SIGNATURE:**

*Deborah Metcalfe*

**DEBORAH METCALFE**

Date

**1/9/01**

Daytime Phone #

**(407) 303-7718**

CR2E034 (10/00)