

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 25, 2002 8:00 am**  
**Secretary of State**

02-25-2002 90089 013 \*\*\*150.00

**DOCUMENT # H12129**

**1. Entity Name**  
**MANAGEMENT AFFILIATES, INC.**

**Principal Place of Business**

**2400 BEDFORD ROAD**  
**2ND FLOOR**  
**ORLANDO FL 32803**  
**US**

**Mailing Address**

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

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

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**

**7. Name and Address of New Registered Agent**

**METCALFE, DEBORAH**  
**2400 BEDFORD ROAD**  
**2ND FLOOR**  
**ORLANDO FL 32803**

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) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

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

**11. OFFICERS AND DIRECTORS**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** **CD** ☒ Delete  
**NAME** **BOHANNON, DON**  
**STREET ADDRESS** **7430 COLONIAL COURT**  
**CITY-ST-ZIP** **SANFORD FL 32771**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** **PD** ☐ Delete  
**NAME** **PARADIS, BRIAN**  
**STREET ADDRESS** **1051 OAKPOINT CIRCLE**  
**CITY-ST-ZIP** **APOPKA FL 32712**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** **SD** ☐ Delete  
**NAME** **METCALFE, DEBORAH**  
**STREET ADDRESS** **36627 LAUREL OAK LANE**  
**CITY-ST-ZIP** **DADE CITY FL 33525**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** **ASD** ☐ Delete  
**NAME** **PETERSON, MERLE**  
**STREET ADDRESS** **2835 TAMARACH TRAIL**  
**CITY-ST-ZIP** **APOPKA FL 32703**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** **D** ☐ Delete  
**NAME** **WEDEL, EUGENE**  
**STREET ADDRESS** **4773 LAKE CALABAY DRIVE**  
**CITY-ST-ZIP** **ORLANDO FL 32837**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** **D** ☐ Delete  
**NAME** **REINER, RICHARD**  
**STREET ADDRESS** **1816 LOST PINE LANE**  
**CITY-ST-ZIP** **APOPKA FL 32712**

**TITLE** ☒ Change ☐ Addition  
**NAME** **CD REINER, RICHARD**  
**STREET ADDRESS** **1816 LOST PINE LANE**  
**CITY-ST-ZIP** **APOPKA, FL 32712**

**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*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1/15/02 (407)303-7718*  
 Date Daytime Phone #

CP2E034 (9/01)