

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J99667

1. Entity Name

FLORIDA MANAGEMENT CONCEPTS, INC.

Principal Place of Business

Mailing Address

2151 E. SEMORAN BLVD
APOPKA FL 32703
US

2151 E. SEMORAN BLVD
APOPKA FL 32703
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

WILSON, BRUCE
2151 E. SEMORAN BLVD
APOPKA FL 32703

7. Name and Address of New Registered Agent

Name
Baumgardner, JR, William L.
Street Address (P.O. Box Number is Not Acceptable)
2151 E Semoran Blvd.
City Apopka, FL Zip Code 32703

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]

(NOTE: Registered Agent signature required when reinstating)

4/30/2001
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	P	WILSON, BRUCE	<input checked="" type="checkbox"/> Delete
NAME		2151 E. SEMORAN BLVD	
STREET ADDRESS		APOPKA FL 32703	
CITY-ST-ZIP			
TITLE	ST	KELLEY, LLOYD	<input checked="" type="checkbox"/> Delete
NAME		2151 E. SEMORAN BLVD	
STREET ADDRESS		APOPKA FL 32703	
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Delete
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Delete
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Delete
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Baumgardner, JR, William L.	
STREET ADDRESS	2151 E Semoran Blvd.	
CITY-ST-ZIP	Apopka, FL 32703	
TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Baumgardner, Allen K.	
STREET ADDRESS	2151 E Semoran Blvd.	
CITY-ST-ZIP	Apopka, FL 32703	
TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Baumgardner, Brian T.	
STREET ADDRESS	2151 E Semoran Blvd	
CITY-ST-ZIP	Apopka, FL 32703	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/2001 (407)295-5009
Date Daytime Phone #

APPROVED
AND
FILED

01 MAY 24 PM 2:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2854218
Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

CR2E034 (10/00)

0042041