

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2001 8:00 am**  
**Secretary of State**  
 05-05-2001 91104 013 \*\*\*150.00

**DOCUMENT # L35387**

1. Entity Name

**MEININGER, FISHER & MANGUM, P.A.**

Principal Place of Business

**111 N ORANGE AVE  
 STE 1750  
 ORLANDO FL 32801  
 US**

Mailing Address

**POST OFFICE BOX 1946  
 SUITE 1230  
 ORLANDO FL 32802-1946  
 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

**59-3032155**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MEININGER, LEIGH R  
 530 E CENTRAL BLVD  
 STE 1105  
 ORLANDO FL 32801**

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |                                    |                                            |
|----------------|------------------------------------|--------------------------------------------|
| TITLE          | <b>VPD President</b>               | <input type="checkbox"/> Delete            |
| NAME           | <b>MEININGER, LEIGH R.</b>         |                                            |
| STREET ADDRESS | <b>530 E CENTRAL BLVD STE 1105</b> |                                            |
| CITY-ST-ZIP    | <b>ORLANDO FL</b>                  |                                            |
| TITLE          | <b>PD</b>                          | <input checked="" type="checkbox"/> Delete |
| NAME           | <b>MEININGER, STEPHEN L.</b>       |                                            |
| STREET ADDRESS | <b>711 N FLORIDA AVE STE 260</b>   |                                            |
| CITY-ST-ZIP    | <b>TAMPA FL 33602</b>              |                                            |
| TITLE          | <b>STB Secretary</b>               | <input type="checkbox"/> Delete            |
| NAME           | <b>MEININGER, JOHN HENRY I</b>     |                                            |
| STREET ADDRESS | <b>111 N ORANGE AVE., STE 1750</b> |                                            |
| CITY-ST-ZIP    | <b>ORLANDO FL 32801</b>            |                                            |
| 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    |                                    |                                            |

|                |                                       |                                                                              |
|----------------|---------------------------------------|------------------------------------------------------------------------------|
| TITLE          | <b>Vice-President</b>                 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | <b>Kevin E. Mangum</b>                |                                                                              |
| STREET ADDRESS | <b>111 N. Orange Ave. Suite 1750</b>  |                                                                              |
| CITY-ST-ZIP    | <b>Orlando, FL 32801</b>              |                                                                              |
| TITLE          | <b>Treasurer</b>                      | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | <b>Mark F. Fisher</b>                 |                                                                              |
| STREET ADDRESS | <b>111 N. Orange Ave., Suite 1750</b> |                                                                              |
| CITY-ST-ZIP    | <b>Orlando, FL 32801</b>              |                                                                              |
| 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    |                                       |                                                                              |
| 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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7/25/01**

Date

**407-246-1585**

Daytime Phone #

CR2E034 (10/00)