## 2001 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # N0000000352 1. Entity Name

CIVIC MINDED FIVE, INC. Mailing Address Principal Place of Business 545 DELANEY AVENUE, BLDG. 7 545 DELANEY AVENUE, BLDG, 7 ORLANDO FL 32801 ORLANDO FL 32801

## FILED Sep 12, 2001 8:00 am E Secretary of State

09-12-2001 90018 044 \*\*\*\*61.25



2. Principal Place of Business	3. Mailing Address		-				
Suite, Apt. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE			
City & State	City & State	<u></u>	4. FEI Number			Applied For  Not Applicable	
Zip Country	Zip	Country	5. Certificate of Status De	. Certificate of Status Desired Service Status Desired Fee Required			
6. Name and Address of	Current Registered Agent	<del></del>	7. Name and Address of New Registered Agent				
ere in the later of the later o	ne na p <del>arte</del> de nace.	- Name		mark m			
IGOU, STEVEN W 545 CELANEY AVENUE, BLDG. 7 0, 2000 FL 32801		Street Address	s (P.O. Box Number is Not Acc	eptable)			
		City		FL	Zip Code	1	
SIGNATURE Signature, typed or printed name of registration NOW: FEE IS \$61.  After September 12, 2001, min. will	25 9. Election (	NOTE: Registered Agent signature requipments of the Registered Agent signature requipments and Campaign Financing and Contribution.	\$5.00 May Be Added to Fees	Make Check Departmen			
10. OFFICERS	AND DIRECTORS	11.	ADDITIONS/CHANGES TO C	FFICERS AND DIF	ECTORS IN	10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE PARTIES MC STREET ADDRESS 23 CITY-ST-ZIP WT	D atthew Gorney 41 Randall R nter Park, F	d. L 32786	☐ Change	☐ Addition .	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	□ Delete	TITLE V/	Deph C. Bro 15 Delaney Av Hando JEL	ct	☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP	/T/D even W. Igon 15 Delaney Av		☐ Change	☐ Addition	
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	•		☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS			Change	Addition	

Indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as it 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**