

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90477 027 *****70.00

DOCUMENT # N00000005921

1. Entity Name

FLORIDA BOARD OF CERTIFIED INVESTIGATORS, INC.



Principal Place of Business

**1319 MONTEGO LANE
ORLANDO FL 32807**

Mailing Address

**PO BOX 570201
ORLANDO FL 32857-0201**

60043000



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3706656**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**MORTON, MICHELLE M
1319 MONTEGO LANE
ORLANDO FL 32807**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
NAME **MORTON, MICHELLE M**
STREET ADDRESS **1319 MONTEGO LANE**
CITY-ST-ZIP **ORLANDO FL 32807**

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

TITLE **TD** ☐ Delete
NAME **STURGEON, DEBORAH L**
STREET ADDRESS **4652 COVENTRY COURT**
CITY-ST-ZIP **ORLANDO FL 32812**

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

TITLE **CD** ☐ Delete
NAME **ROSADO, LUIS III**
STREET ADDRESS **8920 PINE ISLAND RD**
CITY-ST-ZIP **CLEARMONT FL 34711**

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

TITLE **D** ☐ Delete
NAME **CHURCH, JAMES D**
STREET ADDRESS **223 SON KEEN ROAD**
CITY-ST-ZIP **PLANT CITY FL 33566**

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

TITLE **D** ☐ Delete
NAME **SENNEFF, STUART A JR**
STREET ADDRESS **5390 HARBORAGE DRIVE**
CITY-ST-ZIP **FORT MYERS FL 33908**

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

TITLE **D** ☒ Delete
NAME **KINCAID, PHILIP C**
STREET ADDRESS **P.O. BOX 291057**
CITY-ST-ZIP **PORT ORANGE FL 32129**

TITLE ☐ Change ☒ Addition
NAME **S/D GRACE LEIBOLT**
STREET ADDRESS **816 PINE SHADOW DR.**
CITY-ST-ZIP **APOPKA, FL 32712**

12. 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 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: *Michelle M Morton* **REQUIRED**

4-23-03 407-882-8380

CR2E037 (10/02)

Matthew

FLORIDA BOARD OF CERTIFIED INVESTIGATORS, INC.

PO Box 570201 Orlando, Florida 32857-0201 Telephone & Facsimile 407-282-8380



April 23, 2003

Uniform Business Report
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

RE: Additional Directors for 2003
Document # N00000005921

Title: D
Name: Elliot A. Cohen
Street Address: 35203 Thrill Hill Road
City-St-Zip: Eustis, FL 32736

Title: D
Name: Michael N. Mattia
Street Address: 688 Hidden Lake Drive
City-St-Zip: Tarpon Springs, FL 34689

Title: D
Name: Roy J. Pierce
Street Address: 1701 Arch Street
City-St-Zip: Tampa, FL 33607
