

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**May 17, 2001 8:00 am**  
**Secretary of State**

05-17-2001 90409 050 \*\*\*\*61.25

**DOCUMENT # N01000000019**

1. Entity Name

**ALTAMONTE COMMUNITY ENRICHMENT PROGRAM, INC.**

Principal Place of Business

**944 MORSE STREET  
ALTAMONTE SPRINGS FL 32701**

Mailing Address

**POST OFFICE BOX 150006  
ALTAMONTE SPRINGS FL 32715**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**59-3687246**

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****BUTTS, RICHARD A  
412 MONTICELLO DRIVE  
ALTAMONTE SPRINGS FL 32701**

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

**FILE NOW:  
FEE IS \$61.25**9. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00 May Be  
Added to Fees****Make Check Payable to  
Department of State****10. OFFICERS AND DIRECTORS****11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**TITLE **D** ☐ Delete  
NAME **WEEKS, VALERIA**  
STREET ADDRESS **550 BIRCH COURT**  
CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32717**TITLE **D** ☐ Change ☒ Addition  
NAME **SIMONE HALL**  
STREET ADDRESS **64 Edgemond Dr**  
CITY-ST-ZIP **Winter Springs, FL 327**TITLE **D** ☐ Delete  
NAME **HENDERSON, CHARLES**  
STREET ADDRESS **2428 COURTLAND BLVD.**  
CITY-ST-ZIP **DELTONA FL 32738**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **D** ☐ Delete  
NAME **BUTTS, RENEE'**  
STREET ADDRESS **412 MONTICELLO DRIVE**  
CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32701**TITLE ☐ Change ☐ Addition  
NAME  
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STREET ADDRESS  
CITY-ST-ZIP

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:

**RICHARD A. BUTTS** 04/26/01 321-277-3609

CR2E037 (10/00)