

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

**FILED**  
**Mar 07, 2003 8:00 am**  
**Secretary of State**

03-07-2003 90101 041 \*\*\*\*61.25

**DOCUMENT # NO1000002475**

1. Entity Name

**THE ALTAMONTE ORGANIZING COMMITTEE, INC.**



Principal Place of Business

**C/O RICHARD HANDWERK, WESTMONTE PARK  
624 BILLS LANE  
ALTAMONTE SPRINGS FL 32714**

Mailing Address

**C/O RICHARD HANDWERK, WESTMONTE PARK  
624 BILLS LANE  
ALTAMONTE SPRINGS FL 32714**



CHECK HERE IF MAKING CHANGES

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 **59-3712683**

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

**RUTBERG, GERALD  
670 N. ORLANDO AVE STE 1004A  
MATLAND FL 32751**

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 NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	TITLE NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
<b>D</b>	<b>WOLFRAM, STEPHEN W</b>	<b>499 N. STATE RD. 434 STE 2125</b>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
	<b>ALTAMONTE SPRINGS FL 32714</b>							
<b>D</b>	<b>HANDWERK, RICHARD</b>	<b>624 BILLS LANE</b>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
	<b>ALTAMONTE SPRINGS FL 32714</b>							
<b>D</b>	<b>RUTHBERG, GERALD</b>	<b>670 N. ORLANDO AVE STE 1004A</b>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
	<b>MATLAND FL 32751</b>							
			<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>

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: *[Signature]* **REQUIRED**

3-3-03 462 571 0212

CR2E037 (10/02)