

2002 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 30, 2002 8:00 am**
Secretary of State

04-30-2002 90041 046 ****61.25

DOCUMENT # NO1000005198

1. Entity Name

PRECEPT PARTNERS OF FLORIDA, INC.

Principal Place of Business

Mailing Address

**P.O. BOX 1832
WINTER PARK FL 32790-1832****P.O. BOX 1832
WINTER PARK FL 32790-1832**

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

59-3734268

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

**YOUNG, ROBERT L
450 S. ORANGE AVE., STE. 500
ORLANDO FL 32801-3336**

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 \$61.259. 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 **WRIGHT, ROBERT H DR.**
STREET ADDRESS **4737 RIVERTON DR.**
CITY-ST-ZIP **ORLANDO FL 32817**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **LOVE, ROBERT S**
STREET ADDRESS **566 ANTELOPE DR.**
CITY-ST-ZIP **DELTONA FL 32725**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **WESLEY, CAROLYN**
STREET ADDRESS **4710 WAYFARER PLACE**
CITY-ST-ZIP **ORLANDO FL 32807**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **VASTBINDER, KRIS DR.**
STREET ADDRESS **7652 LODGE POLE TRAIL**
CITY-ST-ZIP **WINTER PARK FL 32792**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **OSBORN, MATTHEW**
STREET ADDRESS **12266 PRAIRIE VIEW DR.**
CITY-ST-ZIP **JACKSONVILLE FL 32258**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **DALTON, JEAN**
STREET ADDRESS **529 LEXINGTON DR.**
CITY-ST-ZIP **ORLANDO FL 32858**TITLE ☐ Change ☐ Addition
NAME
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: *Robert H Wright*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

13 April 02 407 281-6913

Date

Daytime Phone #

CR2E037 (9/01)