2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2000 8:00 am
Secretary of State
05-02-2000 90149 001 ****61.25

DOCUMENT # N08312

1. Entity Name

FLORIDA ASSOCIATION OF PROFESSIONAL PROCESS SERV

Principal Place of Business	Mailing Address
~~108 LONGHORN ROAD~~ ~~WINTER PARK FL 32792~~ US	~~108 LONGHORN ROAD~~ ~~WINTER PARK FL 32792-5710~~ US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
4030 POWERLINE RD	4030 POWERLINE RD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: FT. LAUDERDALE FL	City & State: FT. LAUDERDALE FL
Zip: 33309 Country: BROWARD	Zip: 33309 Country: BROWARD

4. FEI Number: 59-2463953 ☐ 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
~~MUSSER, ROBERT D~~ ~~108 LONGHORN ROAD~~ ~~WINTER PARK FL 32792~~	Name: JACK LIPPMAN Street Address (P.O. Box Number is Not Acceptable): 4030 POWERLINE RD City: FT. LAUDERDALE FL Zip Code: 33309

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: _____ JACK LIPPMAN 4-24-00
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	~~D~~ ~~MUSSER, ROBERT D~~ ~~108 LONGHORN ROAD~~ ~~WINTER PARK FL~~	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~D~~ ~~KEETON, EILEEN~~ ~~P.O. BOX 510110~~ ~~PUNTA GORDA FL 33951~~	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P LIPPMAN, JACK 4030 POWERLINE RD FT LAUDERDALE FL 33309	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V VAUSE, TODD 855 E TENNESSEE ST TALLAHASSEE FL 32308	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T HANNA, WAYNE PO BOX 158 GREENSBORO FL 32330	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~D~~ EISENBURG, DONALD S 111 N. ORANGE AVE., #1030 ORLANDO FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S-D ☐ Change ☒ Addition

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 JACK LIPPMAN 4-24-00 (954)568-1900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #