

# 2000 UNIFORM BUSINESS (UBR)

5/

**FILED**  
**Jul 07, 2000 8:00 am**  
**Secretary of State**

05-26-2000 90072 034 \*\*\*\*61.25

**DOCUMENT # N14474**

1. Entity Name

**THE FLORIDIANS, INC.**

Principal Place of Business

1726 KING PHILLIP DR  
KISSIMMEE FL 34744

Mailing Address

P O BOX 423445  
KISSIMMEE FL 34742-3445  
US

2. Principal Place of Business

~~1726 King Phillip Drive~~  
Suite, Apt. #, etc.

3. Mailing Address

~~P O Box 423445~~  
Suite, Apt. #, etc.

City & State

Kissimmee, FL

City & State

Kissimmee, FL

4. FEI Number

59-2803425

Applied For

Not Applicable

Zip

34744

Country

Osceola

Zip

34742-3445

Country

Osceola

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

LONG, WILLIAM J.  
1726 KING PHILLIP DR.  
KISSIMMEE FL 32743

7. Name and Address of New Registered Agent

Name

Same

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 is 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

|                |                        |  |
|----------------|------------------------|--|
| TITLE          | PD                     | <input type="checkbox"/> Delete            |
| NAME           | LONG, WILLIAM          |  |
| STREET ADDRESS | 1726 KING PHILLIP DR   |  |
| CITY-ST-ZIP    | KISSIMMEE FL 34744     |  |
| TITLE          | STD                    | <input checked="" type="checkbox"/> Delete |
| NAME           | TRISSEL, DEBORAH M.    |  |
| STREET ADDRESS | 4875 N.E. 76TH WAY     |  |
| CITY-ST-ZIP    | WILLOWOOD FL 34755     |  |
| TITLE          | STD                    | <input type="checkbox"/> Delete            |
| NAME           | LONG, WILLIAM J II     |  |
| STREET ADDRESS | 5650 CYRIL'S DR.       |  |
| CITY-ST-ZIP    | ST. CLOUD FL 32769     |  |
| TITLE          | VPD                    | <input checked="" type="checkbox"/> Delete |
| NAME           | BASHIUM, GEOFFERY      |  |
| STREET ADDRESS | 885 SO VINELAND ROAD   |  |
| CITY-ST-ZIP    | WINTER GARDEN FL 34787 |  |
| TITLE          |                        | <input type="checkbox"/> Delete            |
| NAME           |                        |  |
| STREET ADDRESS |                        |  |
| CITY-ST-ZIP    |                        |  |
| TITLE          |                        | <input type="checkbox"/> Delete            |
| NAME           |                        |  |
| STREET ADDRESS |                        |  |
| CITY-ST-ZIP    |                        |  |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |  |  |
|----------------|--|--|
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |  |  |
| STREET ADDRESS |  |  |
| CITY-ST-ZIP    |  |  |
| TITLE          | Secretary                              | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Evelyn S. Long                         |  |
| STREET ADDRESS | 1726 King Phillip Drive, Kissimmee, FL |  |
| CITY-ST-ZIP    |  |  |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |  |  |
| STREET ADDRESS |  |  |
| CITY-ST-ZIP    |  |  |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |  |  |
| STREET ADDRESS |  |  |
| CITY-ST-ZIP    |  |  |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/28/2000