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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # N25870

1. Corporation Name

FLORIDA BUSINESS DEVELOPMENT FUND, INC.

Principal Place of Business

502 E. JEFFERSON ST.  
 TALLAHASSEE FL 32301  
 US

Mailing Address

502 E. JEFFERSON ST.  
 TALLAHASSEE FL 32301  
 US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

04/12/1988

4. FEI Number

59-2903861

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

WATERMEIER, JANET  
 2180 W. 1ST ST.  
 SUITE 306  
 FT. MYERS FL 33901

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE CD  DELETE  
 NAME WATERMEIER, JANET  
 STREET ADDRESS 2180 W. 1ST ST., #306  
 CITY-ST-ZIP FT. MYERS FL 33901

TITLE D  DELETE  
 NAME KEATON, MARSH  
 STREET ADDRESS 390 N. ORANGE AVE, #1300  
 CITY-ST-ZIP ORLANDO FL 32801

TITLE D  DELETE  
 NAME CONSTANT, CHRIS  
 STREET ADDRESS 1819 MAIN STREET SUITE 240  
 CITY-ST-ZIP SARASOTA FL 34236

TITLE D  DELETE  
 NAME TAMERRINO, FRANK  
 STREET ADDRESS 117 W. GARDEN ST.  
 CITY-ST-ZIP PENSACOLA FL 32593

TITLE D  DELETE  
 NAME BOBROFF, MICHAEL L.  
 STREET ADDRESS 200 E. ROBINSON STREET, SUITE 600  
 CITY-ST-ZIP ORLANDO FL 32801

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  Change  Addition  
 1.2 NAME  
 1.3 STREET ADDRESS  
 1.4 CITY-ST-ZIP

2.1 TITLE  Change  Addition  
 2.2 NAME  
 2.3 STREET ADDRESS  
 2.4 CITY-ST-ZIP

3.1 TITLE  Change  Addition  
 3.2 NAME  
 3.3 STREET ADDRESS  
 3.4 CITY-ST-ZIP

4.1 TITLE  Change  Addition  
 4.2 NAME Tamberrino, Frank  
 4.3 STREET ADDRESS 1819 Main Street Suite 240  
 4.4 CITY-ST-ZIP Sarasota FL 34236

5.1 TITLE  Change  Addition  
 5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY-ST-ZIP

6.1 TITLE  Change  Addition  
 6.2 NAME  
 6.3 STREET ADDRESS  
 6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Signature*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-22-99

941-338-3161

Date

Daytime Phone #

CR2E037 (11/98)