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

Suite, Apt. #, etc.

22

2. Principal Place of Business

Mailing Address

502 E. JEFFERSON ST. TALLAHASSEE FL 32301

2a. Mailing Address

Suite, Apt. #, etc.

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FILED Mar 01, 1999 8:00 am § Secretary of State

03-01-1999 90163 028 ****61.25

|--|--|--|--|

3. Date Incorporated or Qualifed

04/12/1988

59-2903861

4. FEI Number

City & State		City & State		~	en Service	5.	Certifcate o	f.Status Desi	red 🗆		8./5 A	
23		28									Fee Rec	•
Zip	Country	Zip Count		ntry		6.	6. Election Campaign Financing		ļ	\$5.00 May Be		
24	25	29	30					Contribution			Added to	Fees
	9. Name and Address of Current F	Registered Agent					Name and	Address of	New Regis	tered Age	nt	
				81	Name)						
WATERME	IFR JANET			82	Street	Address (f	P.O. Box Nu	mber is Not A	cceptable)			-
WATERMEIER, JANET 2180 W. 1ST ST.					0001	, , , , , , , , , , , , , , , , , , ,	101 201 110		,			
SUITE 306				83								
	S FL 33901				014					8	5 Zip C	ode
FI. WITERS	FL 33501			84	City					FL °	ک بات	.000
11. Pursuant t	to the provisions of Sections 617.0502 a	and 617.1508. Florida S	tatutes, the a	bove-	-named	corporatio	n submits th	is statement f	or the purp	ose of char	nging its	registered
office or re	anietered agent or both in the State of	Florida, Such chance w	vas autnorized	ΙDVί	ле сопо	oration's b	oard of direc	tors. I hereby	accept the	appointme	ent as reg	istered
agent. I ar	n familiar with, and accept the obligation	ns of, Section 617.0503	s, Florida Stati	nes.								
SIGNATURE	Signature, typed or printed name of registered agent a	nd title if applicable	(NOTE: Registered	Agent	sionature o	required when	reinstating)		б	ATE		
12.	OFFICERS AND		13.		J.g. a.o. o			/CHANGES 1	O OFFICE	RS AND D	IRECTO	RS IN 12
TITLE	CD	□ DELET		TLE		1					Change	Addition
NAME	WATERMEIER, JANET		12 N	WE								
	2180 W. 1ST ST., #306		135	REET	ADDRESS							
CITY-ST-ZIP	FT. MYERS FL 33901	□ DELET		TY-ST	- 2,15	1					Change	Addition
_IIILE T. /	D	L OLLE	2.1 II								·	_
NAME	KEATON, MARSH											
STREET ADDRESS	390 N. ORANGE AVE, #1300		1		ADDRESS	`\				•		i
CITY-ST-ZIP	ORLANDO FL 32801	DELET		ITY-51	T-ZIP _	 					Change	Addition
ΠΙLE	D	N DETE	***								orlango	
NAME	CONSTANT, CHRIS		3.2 N									
STREET ADDRESS	1819 MAIN STREET SUITE 240		3.3 \$	REET.	ADDRESS	3						
CITY-ST-ZIP	SARASOTA FL 34236			TY-\$1	-ZIP	_					· Oh	□ Addition
TITLE	D.	☐ DELET	TE 4.1 TI	TLE		D .	•				Change	☐ Addition
NAME	TAMERRINO, FRANK		4. 2 N	AME		lamb	errino,	, Frank Street	مدن ح	240		
STREET ADDRESS	117 W. GARDEN ST.		4.3 \$	REET	address	1819	Main	Street	JU11	. Z-10		
CITY-ST-ZIP	PENSACOLA FL 32593			TY-ST	·ZP	Sar	asoto	FL	3423	3 <i>\(\varphi\)</i>		
TITLE	D	☐ DELET	ΓE 5.1 TI	TLE							Change	Addition
NAME	BOBROFF, MICHAEL L.		5.2 N	AME								
STREET ADDRESS	200 E. ROBINSON STREET, SUIT	E 600	5.3 S	REET	ADDRESS	s						
CITY-ST-ZIP	ORLANDO FL 32801		5.4 C	TY-ST	-ZIP							
TITLE		DELE1	FE 6.1 Π	ΠE							Change	☐ Addition
NAME 1	· 50 (75 - 42)		6.2 N	AME								
STREET ADDRESS	-		6.3 S	REET	ADDRESS	3						
CITY-ST-ZIP.	y		6.4 CI	TY-ST	-ZIP	1						ı
Will-SI-ZIF.												

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:



Applied For

Not Applicable