

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**


FILED
May 16, 2003 8:00 am
Secretary of State

05-16-2003 90189 042 ****61.25

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DOCUMENT # N31121

1. Entity Name
FLORIDA CENTER CHAMBER OF COMMERCE INCORPORATED



Principal Place of Business
**5850 LAKEHURST DR
ORLANDO FL 32819
US**

Mailing Address
**5850 LAKEHURST DR
ORLANDO FL 32819
US**

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country



CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2945812** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**HUNTER, MARTIN P.
7050 KIRKMAN ROAD
ORLANDO FL 32819**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (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 Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME	D DONOVAN, DAN	<input type="checkbox"/> Delete
STREET ADDRESS	1000 UNIVERSAL STUDIOS	
CITY-ST-ZIP	ORLANDO FL 32819	
TITLE NAME	T KILMER, STEVE	<input type="checkbox"/> Delete
STREET ADDRESS	8504 UNIVERSAL BLVD	
CITY-ST-ZIP	ORLANDO FL 32819	
TITLE NAME	V MERTZ, GARY	<input type="checkbox"/> Delete
STREET ADDRESS	7400 INTERNATIONAL DR.	
CITY-ST-ZIP	ORLANDO FL 32819	
TITLE NAME	D KENNEY, BARBARA	<input type="checkbox"/> Delete
STREET ADDRESS	2095-PREMEIRE ROW	
CITY-ST-ZIP	ORLANDO FL 32819	
TITLE NAME	D FRIEND, KAREN	<input type="checkbox"/> Delete
STREET ADDRESS	13500 ST. ROAD 535	
CITY-ST-ZIP	ORLANDO FL	
TITLE NAME	D GULASA, RON	<input type="checkbox"/> Delete
STREET ADDRESS	8738 INTERNATIONAL DR.	
CITY-ST-ZIP	ORLANDO FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	Executive Director MARIA TRISCARI	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	5850 Lakehurst Drive Suite 100	
CITY-ST-ZIP	Orlando, FL 32819	
TITLE NAME	V.P. KILMER, STEVE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	8504 Universal Blvd	
CITY-ST-ZIP	Orlando, FL 32819	
TITLE NAME	P MERTZ GARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	7400 International Dr.	
CITY-ST-ZIP	Orlando, FL 32819	
TITLE NAME	D Jim Gran	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	5905 S. Kirkman Rd	
CITY-ST-ZIP	Orlando, FL 32819	
TITLE NAME	P Mike Pingleton	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	5859 American Way	
CITY-ST-ZIP	Orlando, FL 32819	
TITLE NAME	D Kevin Price	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	3300 Exchange Place	
CITY-ST-ZIP	Lake Mary, FL 32746	

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** _____ DATE: **April 27, 2003** DAYTIME PHONE #: **407-9030084**

CR2E037 (10/02)