2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2000 8:00 am
Secretary of State
05-09-2000 90131 009 ****61.25

DOCUMENT # N31754

1. Entity Name

CENTRAL FLORIDA CHAPTER OF THE NATIONAL ASSOCIAT

Principal Place of Business	Mailing Address
222 S WESTMONTE DR STE 101 ALTAMONTE SPGS FL 32714 US	POB 150127 ALTAMONTE SPGS FL 32715-0127 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3028469 ☐ 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
CHEATHAM, G 222 S WESTMONTE DR STE 101 ALTAMONTE SPGS FL 32271	Name: Willard S. Kautter Street Address (P.O. Box Number is Not Acceptable): 222 S. Westmonte Drive Ste. 101 City: Altamonte Springs **FL** Zip Code: 32714

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: Willard S. Kautter 4/21/00
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	E CHEATHAM, G 222 S WESTMONTE DR, STE 101 ALTAMONTE SPRINGS FL 32714	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	M Willard S. Kautter 222 S. Westmonte Drive Ste. 101 Altamonte Springs, FL 32714	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T CARPENTER, BRAD 390 N. ORANGE AVE. #700 RE ORLANDO FL 32802	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Craig Polejes 135 W. Central Blvd. Ste. 1200 Orlando, FL 32801	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P BELL, SCOTT 255 S ORANGE, STE 905 ORLANDO FL 32301	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD PATTEN, DAVID 200 S ORANGE AVENUE, #2210 ORLANDO FL 32801	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD HOPFENBERG, BOB 270 S NORTH LAKE BLVD ALTAMONTE SPRINGS FL 32701	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Nan McCormick 201 S. Orange Avenue Orlando, FL 32801	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/99)

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: Willard S. Kautter 4/21/00 407/774-7880
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #