

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2001 8:00 am
Secretary of State

04-03-2001 90016 019 ****61.25

0011283

DOCUMENT # N31754

1. Entity Name

CENTRAL FLORIDA CHAPTER OF THE NATIONAL ASSOCIAT

Principal Place of Business

**222 S WESTMONTE DR
 STE 101
 ALTAMONTE SPGS FL 32714
 US**

Mailing Address

**POB 150127
 ALTAMONTE SPGS FL 32715
 US**

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

**KAUTTER, WILLARD S
 222 S WESTMONTE DRIVE STE 101
 ALTAMONTE SPRINGS FL 32714**

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.

SIGNATURE

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 ☐ Delete
 NAME **M**
 STREET ADDRESS **KAUTTER, WILLARD S**
 CITY-ST-ZIP **222 S WESTMONTE DR, STE 101
 ALTAMONTE SPRINGS FL 32714**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **T**
 STREET ADDRESS **POLEJES, CRAIG**
 CITY-ST-ZIP **135 W CENTRAL BLVD STE 1200
 ORLANDO FL 32801**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☒ Delete
 NAME **P**
 STREET ADDRESS **BELL, SCOTT**
 CITY-ST-ZIP **255 S ORANGE, STE 905
 ORLANDO FL 32301**

TITLE ☐ Change ☒ Addition
 NAME **PE/D**
 STREET ADDRESS **Livingston, George**
 CITY-ST-ZIP **2200 Lucien Way #350
 Maitland FL 32751**

TITLE ☐ Delete
 NAME **VD**
 STREET ADDRESS **PATTEN, DAVID**
 CITY-ST-ZIP **200 S ORANGE AVENUE, #2210
 ORLANDO FL 32801**

TITLE ☒ Change ☐ Addition
 NAME **PP/D**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **MCCORMICK, NAN**
 CITY-ST-ZIP **201 S ORANGE AVENUE
 ORLANDO FL 32801**

TITLE ☒ Change ☐ Addition
 NAME **P**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

WILLARD S. KAUTTER
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-28-01

Date

407-774-7880

Daytime Phone #

CR2E037 (10/00)