

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N37240

1. Entity Name

WINTER PARK IMPROVEMENT FOUNDATION, INC.

Principal Place of Business

150 N. NEW YORK AVE.
P.O. BOX 280
WINTER PARK FL 32790

Mailing Address

150 N. NEW YORK AVE.
P.O. BOX 280
WINTER PARK FL 32790-0280

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3035266

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DAVID NELSON
150 N. NEW YORK AVE.
WINTER PARK FL 32789

7. Name and Address of New Registered Agent

Name

Gary A. Brewer

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

150 New York Ave.

City

Winter Park

FL

Zip Code

32790

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-20-00

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

TITLE	PSD	<input checked="" type="checkbox"/> Delete
NAME	DAVID NELSON	
STREET ADDRESS	150 N. NEW YORK AVENUE	
CITY-ST-ZIP	WINTER PARK FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	DYMOND, WILLIAM T	
STREET ADDRESS	215 N. EOLA DR.	
CITY-ST-ZIP	ORLANDO FL 32802	
TITLE	D	<input type="checkbox"/> Delete
NAME	CASIO, JOHN	
STREET ADDRESS	S.R. 436 SPRINT BLDG	
CITY-ST-ZIP	ALTAMONTE SPRING FL 32716	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	JONES, FREDERICK W	
STREET ADDRESS	369 NEW YOUR AVE, SUITE 300	
CITY-ST-ZIP	WINTER PARK FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	EXUM, CHELLY	
STREET ADDRESS	123 TANGELO CT	
CITY-ST-ZIP	MAITLAND FL 32794	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DIV	<input type="checkbox"/> Change <input checked="" type="checkbox"/>
NAME	Brewer, Gary A.	
STREET ADDRESS	150 New York Ave.	
CITY-ST-ZIP	Winter Park, FL 32789	
TITLE	DIC	<input checked="" type="checkbox"/> Change <input type="checkbox"/>
NAME	Dymond, William T.	
STREET ADDRESS	215 N. Eola Dr.	
CITY-ST-ZIP	Orlando, FL 32802	
TITLE	PSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Additor
NAME	Casio, John	
STREET ADDRESS	S.R. 436 Sprint Bldg.	
CITY-ST-ZIP	Altamonte Spgs., FL 32716	
TITLE	DIV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Additor
NAME	Herbat, George	
STREET ADDRESS	1000 Holt Ave. #2747	
CITY-ST-ZIP	Winter Park, FL 32789	
TITLE	DIT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Additor
NAME	Exum, Chelly	
STREET ADDRESS	406 Woodstead	
CITY-ST-ZIP	Longwood, FL 32779	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Additor
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:

Gary A. Brewer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gary A. Brewer

Date

Daytime Phone #

(407) 444-8287

FILED
Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90079 030 ****61.25



DO NOT WRITE IN THIS SPACE