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

3/1

**FILED**
**Apr 07, 2003 8:00 am**
**Secretary of State**
03-10-2003 90100 048 ****61.25

DOCUMENT # N44321

1. Entity Name
ENGLEWOOD EXECUTIVE NETWORK, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| STEFANO'S FAMILY RESTAURANT<br>401 S INDIANA AVE<br>ENGLEWOOD FL 34223<br>US | 660 S BROADWAY<br>ENGLEWOOD FL 34223<br>US |

☐ CHECK HERE IF MAKING CHANGES

| 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 NOT APPLICABLE ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DAWN PRESSLY % SUNTRUST
298 S INDIANA AVE
ENGLEWOOD FL 34223

7. Name and Address of New Registered Agent

Name: Norma Miller
Street Address (P.O. Box Number is Not Acceptable): 10091 Stonecrop Ave
City: Englewood FL 34224
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: Norma L Miller 4-3-03
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 Florida Department of State

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P<br>WILSON, GEORGE<br>450 W DEERBORN ST<br>ENGLEWOOD FL 34224 | ☑ Delete | P<br>McCARTHY, JOE<br>2828 S McCALL Rd Suite 32<br>ENGLEWOOD FL 34224 | ☑ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VP<br>MCCARTHY, JOE<br>2828 S MCCALL RD STE 24<br>ENGLEWOOD FL 34224 | ☑ Delete | VP<br>GARY STASKO<br>4212 N. Access Rd Suite F<br>ENGLEWOOD FL 34224 | ☑ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | S<br>FLATT, WAYNE<br>51 BAY HEIGHTS W<br>ENGLEWOOD FL 34223 | ☑ Delete | S<br>Tom Bunetta<br>2237 Stout St<br>ENGLEWOOD FL 34223 | ☑ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>MAURER, JOHN<br>660 S BROADWAY<br>ENGLEWOOD FL 34223 | ☑ Delete | T<br>~~Norma~~ MILLER, NORMA<br>10091 STONECROP AVE<br>ENGLEWOOD, FL 34224 | ☑ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>MILLER, NORMA<br>10091 STONECROP AVE<br>ENGLEWOOD FL 34224 | ☑ Delete | D<br>LISA HERSEY<br>2439 CARTWRIGHT LANE<br>North Port, FL 34286 | ☑ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>MACK, C M<br>6810 GASPARILLO PLACE BLVD<br>ENGLEWOOD FL 34224 | ☑ Delete | D<br>KEN BAUMHARDT<br>1365 MANOR Rd<br>ENGLEWOOD, FL 34223 | ☑ Change ☐ Addition |

CR2E037 (10/02)

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: Norma L Miller 3/7/03 941-473-9811
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #