

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N50837

1. Entity Name

WEDDING PROFESSIONALS OF CENTRAL FLORIDA, INC.

**FILED**  
**Sep 13, 2000 8:00 am**  
**Secretary of State**

09-13-2000 90054 023 \*\*\*\*70.00

Principal Place of Business

501 N ORLANDO AVE  
 #313-154  
 WINTER PARK FL 32789-7313  
 US

Mailing Address

501 N ORLANDO AVE  
 #313-154  
 WINTER PARK FL 32789-9313  
 US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3150622

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

HALBRUCKER, JOE  
 380 S. SR 434  
 SUITE 1004-104  
 ALTAMONTE SPRINGS FL 32714

7. Name and Address of New Registered Agent

Name: Hawkins, Kathleen  
 Street Address (P.O. Box Number is Not Acceptable): 177 Frances Circle  
 City: Altamonte Springs FL Zip Code: 32701

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: Kathleen Hawkins, President DATE: 9-5-00  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

FILE NOW: FEE IS **\$61.25**  
 After September 13, 2000 min. will be \$236.25

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	DVP	<input checked="" type="checkbox"/> Delete
NAME	CALDERARD, LINDA	
STREET ADDRESS	1076 W. SR 436/SUITE G	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	
TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	HALBRUCKER, JOE	
STREET ADDRESS	380 S. SR 434/SUITE 1004-104	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BERGER, JOYCE	
STREET ADDRESS	941 PADDINGTON TERRACE	
CITY-ST-ZIP	HEATHROW FL 32746	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	BLOSC, LOUISE	
STREET ADDRESS	939 E. ALTAMONE DRIVE	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32701	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<del>DP</del> DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kathleen Hawkins	
STREET ADDRESS	177 Frances Circle	
CITY-ST-ZIP	Altamonte Springs, FL 32701	
TITLE	DVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Joe Foranore	
STREET ADDRESS	1788 Pine Bay Drive	
CITY-ST-ZIP	Lake Mary, FL 32746	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sylvette Wittmer	
STREET ADDRESS	L+S Cakes By Design	
CITY-ST-ZIP	270 W. SR 434 Longwood, FL 32750	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Kathleen Hawkins, President DATE: 9-5-00 407-865-5595  
Signature and typed or printed name of signing officer or director. Daytime Phone #

CR2E037 (5/00)