

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 26, 2000 8:00 am**  
**Secretary of State**

04-26-2000 90393 001 \*\*\*245.00

**DOCUMENT # N93000000732**

1. Entity Name  
**ENTERPRISE FLORIDA, INC.**

|  |   |
|--|---|
| Principal Place of Business<br><b>390 N ORANGE AVE<br/>         SUITE 1300<br/>         ORLANDO FL 32801<br/>         US</b> | Mailing Address<br><b>390 N ORANGE AVE<br/>         SUITE 1300<br/>         ORLANDO FL 32801-1641<br/>         US</b> |
|--|---|

5000



DO NOT WRITE IN THIS SPACE

|                                |         |                     |         |   |  |  |  |
|--------------------------------|---------|---------------------|---------|---|--|--|--|
| 2. Principal Place of Business |         | 3. Mailing Address  |         | 4. FEI Number<br><b>59-3165226</b>  |  | Applied For<br><input type="checkbox"/> Not Applicable |  |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required |  |  |  |
| City & State                   |         | City & State        |         |   |  |  |  |
| Zip                            | Country | Zip                 | Country |   |  |  |  |

|   |  |  |  |  |  |          |  |
|---|--|--|--|--|--|----------|--|
| 6. Name and Address of Current Registered Agent<br><br><b>PAGE, THOMAS P<br/>         390 N ORANGE AVE SUITE 1300<br/>         ORLANDO FL 32801</b> |  |  |  | 7. Name and Address of New Registered Agent        |  |          |  |
|   |  |  |  | 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

|                                     |   |  |
|-------------------------------------|---|--|
| <b>FILE NOW:<br/>FEE IS \$61.25</b> | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees | <b>Make Check Payable to<br/>Department of State</b> |
|-------------------------------------|---|--|

| 10. OFFICERS AND DIRECTORS |                                     |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |   |  |
|----------------------------|-------------------------------------|--|---|---|--|
| TITLE                      | <b>D</b>                            | <input type="checkbox"/> Delete            | TITLE   |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | <b>LACHER, JOSEPH P</b>             |  | NAME  |   |  |
| STREET ADDRESS             | <b>150 W FLAGLER ST STE 1901</b>    |  | STREET ADDRESS  |   |  |
| CITY-ST-ZIP                | <b>MIAMI FL</b>                     |  | CITY-ST-ZIP   |   |  |
| TITLE                      | <b>P</b>                            | <input type="checkbox"/> Delete            | TITLE   |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | <b>ANDERSON, JOHN C</b>             |  | NAME  |   |  |
| STREET ADDRESS             | <b>390 N ORANGE AVE #1300</b>       |  | STREET ADDRESS  |   |  |
| CITY-ST-ZIP                | <b>ORLANDO FL</b>                   |  | CITY-ST-ZIP   |   |  |
| TITLE                      | <b>D</b>                            | <input checked="" type="checkbox"/> Delete | TITLE   | <b>Director</b>                             | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       | <b>NUNIS, RICHARD A</b>             |  | NAME  | <b>Dr. Winfred M. Phillips</b>              |  |
| STREET ADDRESS             | <b>1375 BUENA VISTA DR</b>          |  | STREET ADDRESS  | <b>University of Florida, 300 Weil Hall</b> |  |
| CITY-ST-ZIP                | <b>LAKE BUENA VISTA FL</b>          |  | CITY-ST-ZIP   | <b>Gainesville, FL 32611</b>                |  |
| TITLE                      | <b>T</b>                            | <input type="checkbox"/> Delete            | TITLE   |   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>VENTURA, <del>JOHN</del></b>     |  | NAME  | <b>Marc Ventura</b>                         |  |
| STREET ADDRESS             | <b>390 N ORANGE AVE, SUITE 1300</b> |  | STREET ADDRESS  | <b>390 N. Orange Ave., Suite 1300</b>       |  |
| CITY-ST-ZIP                | <b>ORLANDO FL 32801</b>             |  | CITY-ST-ZIP   | <b>Orlando, FL 32801</b>                    |  |
| TITLE                      | <b>D</b>                            | <input checked="" type="checkbox"/> Delete | TITLE   | <b>Director</b>                             | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       | <b>TENNEHILL, JOE</b>               |  | NAME  | <b>George Kochn</b>                         |  |
| STREET ADDRESS             | <b>10 ARTHUR DR</b>                 |  | STREET ADDRESS  | <b>2100 S. Orange Ave., Tower 4</b>         |  |
| CITY-ST-ZIP                | <b>LYNN HAVEN FL 32444</b>          |  | CITY-ST-ZIP   | <b>Orlando, FL 32801</b>                    |  |
| TITLE                      |                                     | <input type="checkbox"/> Delete            | TITLE   |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                                     |  | NAME  |   |  |
| STREET ADDRESS             |                                     |  | STREET ADDRESS  |   |  |
| CITY-ST-ZIP                |                                     |  | 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: SIGNATURE OF JOHN C. ANDERSON John C. Anderson 413100 (407)316-41600

CR2E037 (9/99)