

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000003924

1. Entity Name

INROADS/CENTRAL FLORIDA, INC.

Principal Place of Business

3101 MAGUIRE BLVD
SUITE 150
ORLANDO FL 32803
US

Mailing Address

10 SOUTH BROADWAY
SUITE 700
ST LOUIS MO 63101
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

43-1676405

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

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

TITLE ☐ Delete
NAME D
STREET ADDRESS FOWLER, SUSAN M
CITY-ST-ZIP 285 INTERNATIONAL PKWY
LAKE MARY FL 32746

TITLE ☐ Delete
NAME CD
STREET ADDRESS BUTLER, MICHAEL
CITY-ST-ZIP 200 SOUTH ORANGE AVENUE MC0-1061
ORLANDO FL 32801

TITLE ☐ Delete
NAME CFO
STREET ADDRESS COULIS, THEO
CITY-ST-ZIP 10 S BROADWAY STE 700
ST LOUIS MO 63102

TITLE ☐ Delete
NAME MR
STREET ADDRESS KIMBERLIN, CLARK V
CITY-ST-ZIP 315 E. ROBINSON STREET
ORLANDO FL 32801

TITLE ☐ Delete
NAME D
STREET ADDRESS GARCIA, LORISSE
CITY-ST-ZIP 8701 MAITLAND SUMMIT BLVD
ORLANDO FL 32810

TITLE ☐ Delete
NAME EVP
STREET ADDRESS JACKSON, OTIS A
CITY-ST-ZIP 10 S BROADWAY, SUITE 700
SAINT LOUIS MO 63102

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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:

[Signature] REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/25/08

Date Daytime Phone #

CR2E037 (9/01)

0082571

FILED
Apr 08, 2002 8:00 am
Secretary of State

04-08-2002 90064 001 ****61.25



DO NOT WRITE IN THIS SPACE

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