

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

FILED
Feb 03, 2003 8:00 am
Secretary of State

02-03-2003 90088 021 ****61.25

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

3751 Maguire Boulevard

3. Mailing Address

Suite, Apt. #, etc.

Suite 206

Suite, Apt. #, etc.

City & State

Orlando, FL

City & State

4. FEI Number **43-1676405**

Applied For

Not Applicable

Zip

32803

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent --

7. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE **MD** ☐ Change ☒ Addition
NAME **Richard Smith**
STREET ADDRESS **3751 Maguire Blvd., Suite 206**
CITY-ST-ZIP **Orlando, FL 32803**

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

TITLE ☒ Change ☐ Addition
NAME **Parchment, Bridget M.**
STREET ADDRESS **800 N. Magnolia Avenue, Suite 900**
CITY-ST-ZIP **Orlando, FL 32803**

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

TITLE ☐ Change ☒ Addition
NAME **Alcorn, Debi**
STREET ADDRESS **1940 Traylor Blvd.**
CITY-ST-ZIP **Orlando, FL 32804**

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] **FEE REQUIRED**

1/28/03

(314) 455-1515

CR2E037 (10/02)

Attachment #
N94000003924

800/8539

INROADS/Central Florida, Inc.
Board of Directors
2002-2003

Alcorn, Debi

Vice President, Support Operations
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****Board Secretary**

Batty, Leilani

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Dinon, Nancy

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**Board Chairperson

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Rinner, Richard

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Whitehouse, Dr. Gary

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