

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000003633

1. Entity Name

GRANT PROFESSIONALS NETWORK, INC.

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90018 033 ****61.25

Principal Place of Business

Mailing Address

GRANT PROFESSIONALS NETWORK, INC.
ROLLINS COLLEGE, 1000 HOLT AVE
WINTER PARK FL 32789

P.O. BOX 532051
ORLANDO FL 32853-2051

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3252312

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BLUM, HELAINE
LEGAL AID SOCIETY, ORANGE CO. BAR ASSOC.
100 E ROBINSON ST
ORLANDO FL 32801

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P ☐ Delete
NAME SAGINARIO, BRIGIT
STREET ADDRESS 639 W CENTRAL BLVD
CITY-ST-ZIP ORLANDO FL 32801

TITLE P ☒ Change ☐ Addition
NAME Jeff Davis
STREET ADDRESS VCC, DTC-3/P. O. Box 3028
CITY-ST-ZIP Orlando, Florida 32802-3028

TITLE PE ☐ Delete
NAME DAVIS,
STREET ADDRESS 190 S ORANGE AVE
CITY-ST-ZIP ORLANDO FL 32801

TITLE PE ☒ Change ☐ Addition
NAME Lisa Garcia
STREET ADDRESS 3113 W. Colonial Dr.
CITY-ST-ZIP Orlando, Florida 32808

TITLE S ☐ Delete
NAME BOURBONNAIS, KAREN
STREET ADDRESS 1730A AMERICANA BLVD
CITY-ST-ZIP ORLANDO FL

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

TITLE D ☐ Delete
NAME BROWN, SALLY
STREET ADDRESS 4000 W ROBINSON ST, STE 1129
CITY-ST-ZIP ORLANDO FL

TITLE D ☒ Change ☐ Addition
NAME Becky Farmerie
STREET ADDRESS 4680 Lake Underhill Rd.
CITY-ST-ZIP Orlando, Florida 32807

TITLE D ☐ Delete
NAME PATRICK, RUTH
STREET ADDRESS 341 N MILLS AVE
CITY-ST-ZIP ORLANDO FL

TITLE D ☒ Change ☐ Addition
NAME Jeannie Floyd
STREET ADDRESS 445 W. Amelia St.
CITY-ST-ZIP Orlando, Florida 32801-1127

TITLE D ☐ Delete
NAME PATES, LEE
STREET ADDRESS 621 WILKES AVE
CITY-ST-ZIP ORLANDO FL 32809

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Jeannie Floyd, Director

Date

Daytime Phone #

4-24-00 (407)317-3200
ext 2325

CR2E037 (9/99)