

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000001705

1. Entity Name
FLORIDA SOCIETY OF PROFESSIONAL ACCOUNTANTS
INC

FILED
May 22, 2000 8:00 am
Secretary of State

05-22-2000 90034 033 ****61.25

Principal Place of Business
2014 S Chickasaw Trl
Orlando, FL 32825

Mailing Address
2014 S Chickasaw Trl
Orlando, FL 32825

2. Principal Place of Business
2014 S Chickasaw Trl
Suite, Apt. #, etc.

3. Mailing Address
2014 S Chickasaw Trl
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Orlando, FL

City & State
Orlando, FL

4. FEI Number
59-3368101

Applied For
Not Applicable

Zip
32825

Country
Orange

Zip
32825

Country
Orange

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
Richard Wheeler Esq
1 N Rosalind Ave Ste 201
Orlando, FL 32801

7. Name and Address of New Registered Agent
Name
M. R. Crouch
Street Address (P.O. Box Number is Not Acceptable)
2002 Sepler Drive
City
Fern Park, FL Zip Code
32730-3111

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 M. R. Crouch *M. R. Crouch* 4/26/2000
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 NAME STREET ADDRESS CITY-ST-ZIP	PD Kampe, Mary Jane 499 State Rd 434 N Ste 2155 Atlamonte Springs, FL 32714 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Murray, Edward 129 Hibiscus Blvd, Suite Q Melbourne, FL 32901 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Presley, Sylvia C 259 CR 427 S Suite 100 Longwood, FL 32750 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Crouch, Mercill R 2002 Sepler Drive Fern Park, FL 32730-3111 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Joseph, Donald 688 W Montrose St Clermont, FL 34711 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SPITZLER Henry R 1400 Crestridge Dr Kissimmee, FL 34746-4284 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Mercill R. Crouch* 4/26/2000 (407)834-1742
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)