

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000001849

1. Entity Name

FLORIDA ASSOCIATION OF CADASTRAL MAPPERS, INC.

FILED
Apr 06, 2000 8:00 am
Secretary of State

04-06-2000 90006 010 ****61.25

Principal Place of Business

6416 - 9TH ST. NORTH
ST. PETERSBURG FL 33702

Mailing Address

P O BOX 4711
SEMINOLE FL 33775-4711
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

59-2760532

Applied For

Not Applicable

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

DEANE, WILLIAM W
1597 62ND AVE NO
ST. PETERSBURG FL 33702

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 ☒ Delete
NAME ~~CANTE, THOMAS~~
STREET ADDRESS 2410-A ALLEN RD.
CITY-ST-ZIP TALLAHASSEE FL 32312

TITLE ☒ Change ☐ Addition
NAME (D) Director
STREET ADDRESS Canter, Thomas
CITY-ST-ZIP

TITLE ☒ Delete
NAME GAY, KEITH
STREET ADDRESS 1617 JOHNSON ST.
CITY-ST-ZIP HOLLYWOOD FL 33020

TITLE ☒ Change ☐ Addition
NAME (P) President
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Delete
NAME FRYE, DELORES K
STREET ADDRESS 120 ARLINGTON CT. CHARLOTTE CO P/A
CITY-ST-ZIP PORT CHARLOTTE FL 33962

TITLE ☐ Change ☒ Addition
NAME (VP) Vice President
STREET ADDRESS Edwards, Ellen
CITY-ST-ZIP 255 N. Wilson Ave.
Bartow, FL 33830

TITLE ☐ Delete
NAME DARY, STEWART
STREET ADDRESS 7506 SUGAR BEND DR.
CITY-ST-ZIP ORLANDO FL 32816

TITLE ☒ Change ☐ Addition
NAME 812 Delaney Park Dr.
STREET ADDRESS Orlando, FL 32806
CITY-ST-ZIP

TITLE ☐ Delete
NAME MAASCH, JEFF
STREET ADDRESS 1840 25TH ST. INDIAN RIVER CO P/A
CITY-ST-ZIP VERO BEACH FL 32960

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

TITLE ☐ Delete
NAME BROWN, KEVIN
STREET ADDRESS 1689 SUSAN DR.
CITY-ST-ZIP MIDDLEBURG FL 32068

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

Date

Daytime Phone #

CR2E037 (9/99)