2001 UNIFORM BUSINESS REPORT (UBR) FILED Apr 08, 2001 08:00 AM N96000001849 DOCUMENT # 1. Entity Name **Secretary of State** FLORIDA ASSOCIATION OF CADASTRAL MAPPERS, INC. Principal Place of Business Mailing Address 6416 - 9TH ST. NORTH P O BOX 4711 ST. PETERSBURG SEMINOLE FL 337754711 33702 HS 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2760532 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DEANE WILLIAM Street Address (P.O. Box Number is Not Acceptable) 1597 62ND AVE NO ST. PETERSBURG FL33702 US City 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. 04/08/2001 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW: Make Check Payable to \$5.00 May Be FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE D Delete TITLE VP.D Change ☐ Addition NAME NAME BROWN KEVIN BROWN KEVIN STREET ADDRESS STREET ADDRESS 1689 SUSAN DR. 1689 SUSAN DR. CITY-ST-ZIP CITY-ST-ZIP MIDDLEBURG MIDDLEBURG 32068 FT. 32068 TITLE ☐ Delete TITLE X Change ☐ Addition NAME MAASCH JEFF. NAME MAASCH TEFF STREET ADDRESS 1840 25TH ST. INDIAN RIVER CO P/A STREET ADDRESS 1840 25TH ST. INDIAN RIVER CO P/A CITY-ST-ZIF VERO BEACH FL. 32960 CITY-ST-ZIP VERO BEACH FL. 32960 TITLE Delete TITLE X Change ☐ Addition NAME DARY STEWART NAME DARY STEWART STREET ADDRESS 812 DELANEY PARK DR STREET ADDRESS 812 DELANEY PARK DR CITY-ST-ZIP CITY-ST-ZIP ORLANDO ORLANDO FL. 32806 FL. 32806 TITLE Delete TITLE X Change Addition NAME EDWARDS ELLEN NAME **EDWARDS** ELLEN STREET ADDRESS 255 N. WILSON AVE STREET ADDRESS 255 N. WILSON AVE CITY-ST-ZIP BARTOW FL. 33830 CITY-ST-ZIP BARTOW FL. 33830 TITLE Delete TITLE X Change ☐ Addition NAME GAY KEITH NAME MICHAEL PRESTRIDGE STREET ADDRESS 1617 JOHNSON ST. STREET ADDRESS 200 S. ORANGE AVE. ORANGE CO. P/A CITY-ST-ZIP HOLLYWOOD FL. 33020 CITY-ST-ZIP ORLANDO FL, 32801

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.

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

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GERWIG

SIGNATURE: _

CANTER

2410-A ALLEN RD.

TALLAHASSEE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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460 N.W. 107TH AVE.

PEMBROKE PINES

04/08/2001

X Change

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Addition

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