

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000003324

1. Entity Name

FLORIDA INTERNET SERVICE PROVIDERS ASSOCIATION,

FILED
Mar 28, 2000 8:00 am
Secretary of State

03-28-2000 90072 019 ****70.00

Principal Place of Business

Mailing Address

1045 E. ATLANTIC AVENUE
SUITE 206
DELRAY BEACH FL 33483

1045 E. ATLANTIC AVENUE
SUITE 206
DELRAY BEACH FL 33483-6955

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3379948

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

MARION, JOE
1045 E. ATLANTIC AVENUE
SUITE 206
DELRAY BEACH FL 33483

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
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
NEELY, GREGORY
11 N OCEAN ST
JACKSONVILLE FL 32202 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
MARCHANT, JIM
14119 WEST NEWBERRY ROAD
NEWBERRY FL 32669-2709 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
FLEEMAN, SEAN
7143 STATE RD #119
NEW PORT RICHEY FL 34653 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
NOLZMANN, PAUL
477 PETIS AVE
ADA MI 49301 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
James Pennington
Aythink Communications
500 W. St. Augustine, FL 32084 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
Jim Marchant
100 W. Lucerne Circle #500
Orlando FL 32801 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
Suzi Pilat - D
Intelligence Network Online
1224 Rogers St.
Clearwater, FL 34616 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
Chris Nichols
World Camp, Inc.
2221 Lee Rd., Winter Park, FL 32789 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
Joseph Maclean
1045 E Atlantic #206
DeRay Beach, FL 33483 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
Rob Marlowe
Marlowe & Assoc.
Main St., New Port Richey, FL 34656 ☐ Change ☒ 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: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/20/00 561-266-9438

CR2E037 (9/99)