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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Aug 06, 1999 8:00 am  
Secretary of State

08-06-1999 90011 027 \*\*\*\*61.25

DOCUMENT # N97000001446

1. Corporation Name

CENTRAL FLORIDA CHAPTER OF THE SOCIETY OF COST E  
STIMATING AND ANALYSIS, INC.

Principal Place of Business

122 BERKSHIRE CIRCLE EAST  
LONGWOOD FL 32779-5620

Mailing Address

122 BERKSHIRE CIRCLE EAST  
LONGWOOD FL 32779-5620

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2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

03/14/1997

4. FEI Number

59-

3507278

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

MOYER, PAUL V ESQ.  
2627 WEST STATE ROAD 434  
LONGWOOD FL 32779

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P  
NAME PELOW, DONALD P  
STREET ADDRESS 809 SILVERSMITH  
CITY-ST-ZIP LAKE MARY FL 32746

TITLE VP  
NAME MARCHIORI, CRIS  
STREET ADDRESS 3550 SAVANNAHS TR  
CITY-ST-ZIP MERRIT-ISLAND FL 32953

TITLE T  
NAME PATTERSON, RON  
STREET ADDRESS 2102 TONKA DR  
CITY-ST-ZIP ORLANDO FL 32839

TITLE D  
NAME NEWTON, LEON  
STREET ADDRESS 1748 SPARKLING WATER CIR  
CITY-ST-ZIP OCOEE FL 34761

TITLE D  
NAME OCQUE, JAMES  
STREET ADDRESS 122 BERKSHIRE CIR E  
CITY-ST-ZIP LONGWOOD FL 32779

TITLE D  
NAME COOK, JAMES  
STREET ADDRESS 201 PLANTATION CLUB DR  
CITY-ST-ZIP MELBOURNE FL 32940

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VP  
1.2 NAME ED AMBROSE  
1.3 STREET ADDRESS 1161 MEADOW SPRING CT.  
1.4 CITY-ST-ZIP KISSIMMEE FL 34744

2.1 TITLE VP  
2.2 NAME Jeff Comer  
2.3 STREET ADDRESS 345 BAYSHORE BLVD. APT 1609  
2.4 CITY-ST-ZIP TAMPA, FL 33606

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS 871 SPIREA DRIVE  
6.4 CITY-ST-ZIP ROCKLEDGE, FL 32955

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: DONALD P. PELOW  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/29/99 407-297-4506  
Date Daytime Phone #

CR2E037 (11/98)