

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000001446

1. Entity Name

CENTRAL FLORIDA CHAPTER OF THE SOCIETY OF COST E

FILED
Sep 18, 2000 8:00 am
Secretary of State

09-18-2000 90015 025 ****61.25

Principal Place of Business

Mailing Address

122 BERKSHIRE CIRCLE EAST
LONGWOOD FL 32779-5620

122 BERKSHIRE CIRCLE EAST
LONGWOOD FL 32779-5620

2. Principal Place of Business

2437 STONE CROSS CIRCLE

3. Mailing Address

2437 STONE CROSS CIRCLE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ORLANDO, FL

City & State

ORLANDO, FL

Zip

32828

Country

USA

Zip

32828

Country

USA

4. FEI Number

59-3507278

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

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

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
After September 13, 2000 min. will be \$236.25

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 VP ☒ Delete
NAME AMBROSE, ED
STREET ADDRESS 1161 MEADOW SPRING CT
CITY-ST-ZIP KISSIMMEE FL 34744

TITLE P ☐ Change ☒ Addition
NAME SEEVERS, GREG
STREET ADDRESS 2437 STONE CROSS CIRCLE
CITY-ST-ZIP ORLANDO, FL 32828

TITLE VP ☐ Delete
NAME COMER, JEFF
STREET ADDRESS 345 BAYSHORE BLVD APT 1609
CITY-ST-ZIP TAMPA FL 33606

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

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

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

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

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

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

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

TITLE D ☐ Delete
NAME COOK, JAMES
STREET ADDRESS 871 SPIREA DR
CITY-ST-ZIP ROCKLEDGE FL 32955

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: Original Signature Required

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12 SEPT 00 (407) 384-5134

Date

Daytime Phone #

CR2E037 (5/00)