2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N9700001446 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

				[09-16-2000	7 90013 (123 101	.23
Principal Plac	e of Business	Mailing Address		*****					
		122 BERKSHIRE CIRCLE E	EAST	1					
		LONGWOOD FL 32779-562							
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	lace of Business STONE CROSS CIRCLE	3. Mailing Address 2437 STONE	CROSS CIR	rcli			FJII OBIIH DBIH		
Suite, Apt.		Suite, Apt. #, etc.	-7020	-		DO NOT WE	ITE IN THIS	SPACE	
City & State		City & State	,		4. FEI Numbe	59-350727	 Q	<u> </u>	oplied For
ORLA Zip	Country	ORLANDO, FL	Country			39 330121			ot Applicable
3282		32828	USA]	Certificate	of Status Desired		\$8.75 Ad Fee Require	
<u> </u>	6. Name and Address of Current F				7. Name and	Address of New	Registered	Agent	
-			Name	_			÷ •		
MOVED	ALII V ECO		Street A	Address (P.C	D. Box Numbe	er is Not Acceptab	le)		
	PAUL V ESQ. St state road 434		<u> </u>			· · · · · · · · · · · · · · · · · · ·			
	OD FL 32779				•				
			City			-	F	Zip Cod	е .
8 The above	named entity submits this statement for	the nurnose of changing its	registered office o	or registered	Lagent or hot	h in the state of F			
e. The above	Thermos of they soon the time state more to	the purpose of changing to	registarea office e	a registered	agont, or por	in, in the diale of	ioriou.		
SIGNATURE									
SIGNATORE .									
SIGNATORE.	Signature, typed or printed name of registered agent at	nd title if applicable. (NOTE	E: Registered Agent signal	ature required wh	nen reinstating)		DATE		
				ature required wh	nen reinstating)		<u> </u>		
}	FILE NOW: FEE IS \$61.25	9. Election Cam	paign Financing	_ \$5.0	30 May Be		ke Check	Payable to	· · · · · · · · · · · · · · · · · · ·
}		9. Election Cam	paign Financing	_ \$5.0	_		ke Check	Payable to	
}	FILE NOW: FEE IS \$61.25	9. Election Came 36.25 Trust Fund Co	paign Financing	\$5.0 Adde	May Be		ke Check epartmer	nt of State	
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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: _&

DEPENCAUNED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(407) 384-5134 Daytime Phone #