

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N970000Q1446

1. Entity Name

CENTRAL FLORIDA CHAPTER OF THE SOCIETY OF COST E

**FILED**  
**Feb 01, 2001 8:00 am**  
**Secretary of State**

02-01-2001 90192 013 \*\*\*\*61.25

Principal Place of Business

2437 STONE CROSS CIRCLE  
ORLANDO FL 32828  
US

Mailing Address

2437 STONE CROSS CIRCLE  
ORLANDO FL 32828  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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**

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 ☐ Delete  
NAME P  
STREET ADDRESS SEAVERS, GREG  
CITY-ST-ZIP 2437 STONE CROSS CIRCLE  
ORLANDO FL 32828

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

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

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

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

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

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

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

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

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

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/28/01 (407)384-5134

CR2E037 (10/00)