

# 2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 11, 2002 8:00 am  
Secretary of State

02-11-2002 90050 029 \*\*\*\*61.25

DOCUMENT # N97000001446

1. Entity Name

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

Principal Place of Business

Mailing Address

2437 STONE CROSS CIRCLE  
ORLANDO FL 32828  
US

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

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

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

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 T ☐ 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: *Greg Seavers* SIGNATURE OF REGISTERED AGENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-24-02

Date

407 384 5134

Daytime Phone #

CR2E037 (9/01)