

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

May 02, 2000 08:00 AM
Secretary of State

DOCUMENT # N98000006612

1. Entity Name

OVIDO BUSINESS ADVISORY COUNCIL, INC.

Principal Place of Business

Mailing Address

800 W SR 426
STE A
OVIDO
32765

FL

800 W SR 426
STE A
OVIDO
32765

FL

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

59-3546463

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KARL A. BURGUNDER, P.A.

800 W SR 426

STE A

OVIDO

32765

FL

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 KARL A. BURGUNDER, P.A.

05/02/2000

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
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

D
PEREZ LYN
PO BOX 620430
OVIDO FL 32765

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

D
WAGNER ROBERT
1757 W BROADWAY STE 1
OVIDO FL 32765

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

D
KINNEY CLARK
PO BOX 620430
OVIDO FL 32765

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

D
WHEELER FRANK JR
PO BOX 620430
OVIDO FL 32765

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

D
EVANS ARTHUR
110 EAST BROADWAY
OVIDO FL 32765

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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.