

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 21, 2001 8:00 am
Secretary of State

08-21-2001 90008 004 ****61.25

0016563

DOCUMENT # N98000006612

1. Entity Name
OVIEDO BUSINESS ADVISORY COUNCIL, INC.

Principal Place of Business 800 W SR 426 STE A OVIEDO FL 32765	Mailing Address 800 W SR 426 STE A OVIEDO FL 32765
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2. Principal Place of Business 830 Eynie Dr. Ste 6C Suite, Apt. #, etc.	3. Mailing Address P.O. Box 620430 Suite, Apt. #, etc.
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City & State Oviedo, FL	City & State Oviedo, FL	4. FEI Number 59-3546463	Applied For <input type="checkbox"/> Not Applicable
Zip 32765	Country	Zip 32762	Country Seminole



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

KARL A. BURGUNDER, P.A.
800 W SR 426
STE A
OVIEDO FL 32765

7. Name and Address of New Registered Agent

Name **KARL A. BURGUNDER**

Street Address (P.O. Box Number is Not Acceptable)
1565 Gemini Ct.

City **Oviedo** FL Zip Code **32765**

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 Burgunder* DATE **8/3/01**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25 After September 12, 2001, min. will be \$236.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EVANS, ARTHUR 110 EAST BROADWAY OVIEDO FL 32765	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHEELER, FRANK JR PO BOX 620430 OVIEDO FL 32765	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KINNEY, CLARK PO BOX 620430 OVIEDO FL 32765	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WAGNER, ROBERT 1757 W BROADWAY STE 1 OVIEDO FL 32765	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PEREZ, LYN PO BOX 620430 OVIEDO FL 32765	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILSON, BRIAN P PRESIDE PO BOX 620430 OVIEDO FL 32762	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: *SICR... REQUIRED* DATE: **8/15/01** 407 365 0900

CR2E037 (5/01)