

# 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

**OVIDO BUSINESS ADVISORY COUNCIL, INC.**

(14)

Principal Place of Business

Mailing Address

800 W SR 426  
 STE A  
 OVIDO FL 32765

800 W SR 426  
 STE A  
 OVIDO FL 32765

2. Principal Place of Business

3. Mailing Address

830 Eynie Dr. Ste 6C

P.O. Box 620430

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Oviedo, FL

City & State

Oviedo, FL

4. FEI Number

59-3546463

Applied For

Not Applicable

Zip

32765

Country

Zip

32762

Country

Seminole

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

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

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 A. Burgunder*

8/3/01

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**  
**After September 12, 2001, min. will be \$236.25**

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

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

*SIC 24* **REQUIRED**

8/15/01 407 365 0900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (5/01)