

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 29, 2002 8:00 am**  
**Secretary of State**

03-29-2002 91418 004 \*\*\*\*61.25

0067037

**DOCUMENT # N98000006612**  
 1. Entity Name  
**OVIEDO BUSINESS ADVISORY COUNCIL, INC.**

Principal Place of Business <b>830 EYRIE DR SUITE 6C OVIEDO FL 32765</b>	Mailing Address <b>P.O. BOX 620430 OVIEDO FL 32762</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number <b>59-3546463</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**KARL A. BURGUNDER, P.A.  
 1565 GEMINI CT  
 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 **same** 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* DATE: **3/11/02**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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
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: *B. Parks Wilson* DATE: **3/29/02** DAYTIME PHONE: **407 365-0906**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/01)