


**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 17, 2003 8:00 am**  
**Secretary of State**

02-17-2003 90334 045 \*\*\*\*61.25

**DOCUMENT # N98000006612**

1. Entity Name  
**OVIEDO BUSINESS ADVISORY COUNCIL, INC.**



Principal Place of Business      Mailing Address

**830 EYRIE DR  
SUITE 6C  
OVIEDO FL 32765**

**P.O. BOX 620430  
OVIEDO FL 32762**

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country



CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3546463**      Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**KARL A. BURGUNDER, PA**  
**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 **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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE       DATE **2/14/03**

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**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make Check Payable to Florida Department of State**

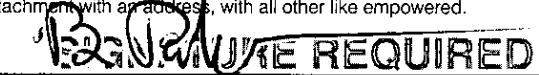
**10. OFFICERS AND DIRECTORS**

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
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STREET ADDRESS	
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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:  **REQUIRE**      2/14/03      407 365-0900

CR2E037 (10/02)