

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000000894

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FILED
Jul 07, 2000 8:00 am
Secretary of State

07-07-2000 90395 013 ****61.25

BATEY OF FLORIDA, INC.

D0068288



DO NOT WRITE IN THIS SPACE

Principal Place of Business 1500 SO. SEMORAN BLVD. ORLANDO FL 32807	Mailing Address P.O. BOX 720095 ORLANDO FL 32872-0095
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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 59-3529973	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

FRANCHESCHINI, BETSY
920 KERWOOD COURT
OVIEDO FL 32765

7. Name and Address of New Registered Agent

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 _____
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. <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	P <input type="checkbox"/> Delete
NAME	FRANCESCHINI, BETSY
STREET ADDRESS	920 KERWOOD COURT
CITY-ST-ZIP	OVIEDO FL 32765
TITLE	DV <input type="checkbox"/> Delete
NAME	COLON, ROSIE
STREET ADDRESS	327 MADEIRA AVENUE
CITY-ST-ZIP	ORLANDO FL 32825
TITLE	DS <input type="checkbox"/> Delete
NAME	FIGUEROA, HELEN
STREET ADDRESS	1002 LONG BRANCH LANE
CITY-ST-ZIP	OVIEDO FL 32765
TITLE	D <input type="checkbox"/> Delete
NAME	GOMEZ, HAYDEE R
STREET ADDRESS	9233 PALOS VERDE DR.
CITY-ST-ZIP	ORLANDO FL 32825
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 checked="" type="checkbox"/> Addition
NAME	
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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: *[Signature]* **6/27/2000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)