5/31/

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 29, 2000 8:00 am
Secretary of State
05-31-2000 90018 047 ****61.25

DOCUMENT # N99000006125

1. Entity Name

ST. ELIZABETH TECHNICAL HIGH SCHOOL ALUMNI CORPORATION, CENTRAL FLORIDA CHAPTER, INC.

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Principal Place of Business	Mailing Address
320 NORTH MAGNOLIA AVENUE, SUITE B-8 ORLANDO, FL 32801	[redacted]

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3620973 — X Applied For / Not Applicable

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
SHANNON K. BARUCH, ESQUIRE 320 NORTH MAGNOLIA AVENUE, SUITE B-8 ORLANDO, FLORIDA 32801	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 _____ DATE
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: Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SHANNON K. BARUCH 320 N. MAGNOLIA AVE., STE B-8 ORLANDO, FL 32801	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD RALPH O. THOMPSON 909 ASHWOOD COURT KISSIMMEE, FL 34743	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD MABEL KANE 4916 LABRADOR LANE ORLANDO, FL 32818	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD BRUCE MCMORRIS 96 HARNESS LANE KISSIMMEE, FL 34743	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PUBLIC RELATIONS OFFICER DIRECTOR PAULETTE GREEN-PLAYER 4557 OAKTON DRIVE, ORLANDO, FL 32818	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/99)

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: _____ SHANNON K. BARUCH, PRESIDENT 407-481-8202
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date 4/25/00 — Daytime Phone #