

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2001 8:00 am
Secretary of State

03-28-2001 90070 030 ***150.00

0056985

DOCUMENT # P00000062144

1. Entity Name

MANAGEMENT CONSULTANTS NETWORK, INC.

Principal Place of Business

~~1115 KENTUCKY AVE~~
~~WINTER PARK FL 32789~~

Mailing Address

~~1115 KENTUCKY AVE~~
~~WINTER PARK FL 32789~~

2. Principal Place of Business

4270 Aloma Ave.

Suite, Apt. #, etc.

Ste. 124-69B

City & State

WINTER PARK

Zip

32792

Country

3. Mailing Address

4270 Aloma Ave.

Suite, Apt. #, etc.

Ste. 124-69B

City & State

Winter Park FL

Zip

32792

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3657730

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

POLAND, LEILAN M
1115 KENTUCKY AVE
WINTER PARK FL 32789

7. Name and Address of New Registered Agent

Kathie Kunkel Holland

Street Address (P.O. Box Number is Not Acceptable)

4270 Aloma Ave

City

Winter Park

FL

Zip Code

32792

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

Kathie K. Holland

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	SCHREIBER, BARRY R	
STREET ADDRESS	3801 W LAKE MARY BLVD STE 119	
CITY-ST-ZIP	LAKE MARY FL 32748	
TITLE	V	<input type="checkbox"/> Delete
NAME	MCGRAW, GINGER A	
STREET ADDRESS	2246 HOWARD DR	
CITY-ST-ZIP	ORLANDO FL 32803	
TITLE	S	<input type="checkbox"/> Delete
NAME	DODD, PAMELA	
STREET ADDRESS	7240 WESTPOINTE BLVD STE 1131	
CITY-ST-ZIP	ORLANDO FL 32835	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	CRUMLEY, RUSS	
STREET ADDRESS	P O BOX 530042	
CITY-ST-ZIP	ORLANDO FL 32853	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Raymond E. Aro	
STREET ADDRESS	107 Autumn Dr.	
CITY-ST-ZIP	Longwood FL 32779	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kathie Kunkel Holland	
STREET ADDRESS	4270 Aloma Ave	
CITY-ST-ZIP	Winter Park, FL 32792	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Raymond E Aro **Raymond E Aro** 3-17-01 407-772-0608

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)