

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 28, 2003 8:00 am
Secretary of State

07-28-2003 90150 036 ***550.00

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1. Entity Name
BEUSSE, BROWNLEE, BOWDOIN & WOLTER, P.A.



Principal Place of Business
**390 NORTH ORANGE AVE
STE 2500
ORLANDO FL 32801**

Mailing Address
**390 NORTH ORANGE AVE
STE 2500
ORLANDO FL 32801**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3708946**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**BOWDOIN, DOUGLAS
390 NORTH ORANGE AVE,
STE 2500
ORLANDO FL 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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **BEUSSE, JAMES H**
STREET ADDRESS **1923 LUCKY TRAIL**
CITY-ST-ZIP **LONGWOOD FL 32750**

TITLE **VP** ☒ Change ☐ Addition
NAME **BEUSSE, JAMES H**
STREET ADDRESS **1923 LUCKY TRAIL**
CITY-ST-ZIP **LONGWOOD FL 32750**

TITLE **VP** ☐ Delete
NAME **BROWNLEE, JACKSON O**
STREET ADDRESS **909 WALD ROAD**
CITY-ST-ZIP **ORLANDO FL 32806**

TITLE **P** ☒ Change ☐ Addition
NAME **WOLTER, ROBERT L**
STREET ADDRESS **838 ALAMEDA STREET**
CITY-ST-ZIP **ORLANDO FL 32804**

TITLE **VP** ☐ Delete
NAME **BOWDOIN, DOUGLAS**
STREET ADDRESS **7500 STATE ROAD 535**
CITY-ST-ZIP **WINDERMERE FL 34786**

TITLE **VP** ☐ Change ☒ Addition
NAME **DeANGELIS, JOHN L**
STREET ADDRESS **285 HUMKEY STREET, NE**
CITY-ST-ZIP **PALM KEY FL 32907**

TITLE **VP** ☐ Delete
NAME **WOLTER, ROBERT L**
STREET ADDRESS **838 ALAMEDA STREET**
CITY-ST-ZIP **ORLANDO FL 32804**

TITLE **VP** ☐ Change ☒ Addition
NAME **McLEOD, CHRISTINE Q**
STREET ADDRESS **117 PALM STREET**
CITY-ST-ZIP **WINDERMERE FL 34786**

TITLE **VP** ☐ Delete
NAME **MAIRE, DAVID G**
STREET ADDRESS **1641 EAGLE NEST CIRCLE**
CITY-ST-ZIP **WINTER SPRINGS FL 32708**

TITLE **VP** ☐ Change ☒ Addition
NAME **SANKS, TERRY M**
STREET ADDRESS **655 OAK HOLLOW WAY**
CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32714**

TITLE **VP** ☐ Delete
NAME **MORA, ENRIQUE J**
STREET ADDRESS **100 BLACK CHERRY COURT**
CITY-ST-ZIP **WINTER SPRINGS FL 32708**

TITLE ☐ Change ☐ 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 607, 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:

ROBERT L WOLTER

7/24/03

407-926-7700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/03)