

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2002 8:00 am
Secretary of State

04-10-2002 90480 001 ***150.00

0689472 AT

DOCUMENT # P01000059569

1. Entity Name

CHANGE MANAGEMENT CONSULTING, INC.

Principal Place of Business

Mailing Address

~~2990 CREEK RUN RD~~
~~VERNON FL 32462~~

~~2990 CREEK RUN RD~~
~~VERNON FL 32462~~

2. Principal Place of Business

1150 Celebration Ave

3. Mailing Address

1150 Celebration Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Celebration, FL

City & State

Celebration, Florida

4. FEI Number

59-3723016

Applied For

Not Applicable

Zip

34747

Country

Osceola

Zip

34747

Country

Osceola

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

MENECEK, FRANCES M

2990 CREEK RUN RD

VERNON FL 32462

Name

Robert S. McKeeman

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

1150 Celebration Avenue

City

Celebration

FL

Zip Code

34747

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

Robert S. McKeeman

3/31/2002

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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **PVST**
STREET ADDRESS **MCKEEMAN, ROBERT S**
CITY-ST-ZIP **46 GULF POINT RD**
SANTA ROSA BCH FL 32459

TITLE ☒ Change ☐ Addition
NAME **1150 Celebration Avenue**
STREET ADDRESS **Celebration, FL 34747**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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:

Robert S. McKeeman **Robert S. McKeeman**

Date

Daytime Phone #

3/31/2002

850-585-6190

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)