

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 19, 2001 8:00 am
Secretary of State

04-19-2001 90085 020 ***150.00

0076379

DOCUMENT # P95000081239

1. Entity Name
"7-1-99 CORP."

Principal Place of Business
**100 RIALTO PLACE, SUITE 500
 MELBOURNE FL 32901**

Mailing Address
**100 RIALTO PLACE, SUITE 500
 MELBOURNE FL 32901**

144601



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3343573**

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

**SOTTILE, JOHN H
 100 RIALTO PLACE, SUITE 500
 MELBOURNE FL 32901**

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)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CDP	<input type="checkbox"/> Delete
NAME	SOTTILE, JOHN H	
STREET ADDRESS	100 RIALTO PLACE, SUITE 500	
CITY-ST-ZIP	MELBOURNE FL 32901	
TITLE	S/D	<input type="checkbox"/> Delete
NAME	SEVERS, DWIGHT W	
STREET ADDRESS	770 NO. CARPENTER ROAD	
CITY-ST-ZIP	TITUSVILLE FL	
TITLE	TAS	<input type="checkbox"/> Delete
NAME	WHERRY, STEPHEN R.	
STREET ADDRESS	3916 PEACOCK DRIVE	
CITY-ST-ZIP	WEST MELBOURNE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	FAZZINI, JOHN P	
STREET ADDRESS	101 EAST STUART AVE	
CITY-ST-ZIP	LAKE WALES FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STRANGE, PATRICIA A	
STREET ADDRESS	100 RIALTO PLACE, STE. 500	
CITY-ST-ZIP	MELBOURNE, FL 32901	
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.

By: **7-1-99 Corp.**
SIGNATURE: *Stephen R. Wherry* Treasurer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/01 (321) 724-1700
Date Daytime Phone #

CR2E034 (10/00)