

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000091417

1. Entity Name

STAFFORD MANAGEMENT, INC.

Principal Place of Business

1016 LINGO CIRCLE
WILLA-OAKS
OVIEDO FL 32765
US

Mailing Address

1016 LINGO CIRCLE
WILLA-OAKS
OVIEDO FL 32765-6434
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3353521

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

DALE, THOMAS H PA
1022 N MILLS AVE
PO BOX 93
ORLANDO FL 32802

Dale, Thomas H. PA
200 Thornton Avenue
Orlando, Florida
32802

Name

Dale, Thomas H. PA

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

200 THORNTON AVE.

City

ORLANDO, FL.

FL

Zip Code

32802

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

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 + 8.75 = 158.75
After MAY 1, 2000 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 PT
NAME BERGNER, JOHN F. JR.
STREET ADDRESS 1016 LINGO CIRCLE
CITY-ST-ZIP OVIEDO FL 32765-6434

TITLE ADP.
NAME BERGNER, JOHN F. III
STREET ADDRESS 2018 WOODSIDE AVE.
CITY-ST-ZIP ORLANDO, FLORIDA. 1st Vice President + Director

TITLE VP
NAME BATEMAN, JERRY
STREET ADDRESS 2116 TURNSBERRY DRIVE
CITY-ST-ZIP OVIEDO FL 32765

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SEC
NAME WARD, PATRICIA
STREET ADDRESS 9001 NOTCHWOOD COURT
CITY-ST-ZIP ORLANDO FL 32825

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME BERGNER, ERLA
STREET ADDRESS 1016 LINGO CIRCLE
CITY-ST-ZIP OVIEDO FL 32765

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME SHANNON, ELIZABETH
STREET ADDRESS 925 WINDWALK COURT
CITY-ST-ZIP ROSWELL GA 30076

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME TAYLOR, DEBORAH
STREET ADDRESS 11424 SYMPHONY WOOD LANE
CITY-ST-ZIP SILVER SPRING MD 20901

TITLE
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:

John F. Bergner Ph.D., NHA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/21/2000
ck# 2557

Daytime Phone #

407-366-8254

CR2E034 (9/99)