

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000020067

1. Entity Name

SITE UNSEEN, INCORPORATED

Principal Place of Business

916 N WESTMORELAND DRIVE  
ORLANDO FL 32804

Mailing Address

916 N WESTMORELAND DRIVE  
ORLANDO FL 32804-7237

2. Principal Place of Business

343 NEW WATERFORD PL

Suite, Apt. #, etc.

3. Mailing Address

343 NEW WATERFORD PL

Suite, Apt. #, etc.

City & State

LONGWOOD, FL

City & State

LONGWOOD, FL

4. FEI Number

59-3569695

Applied For

Not Applicable

Zip

32779

Country

SEMINOLE

Zip

32779

Country

SEMINOLE

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

ZUFELT, BETTIE A  
916 N WESTMORELAND DRIVE  
ORLANDO FL 32804

7. Name and Address of New Registered Agent

Name BETTIE A. ZUFELT

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

343 NEW WATERFORD PLACE

City LONGWOOD

FL

Zip Code

32779

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

*Bettie A. Zufelt*

BETTIE A. ZUFELT, PRES. 3/13/00

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, 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

TITLE	PD	<input type="checkbox"/> Delete
NAME	ZUFELT, BETTIE A	
STREET ADDRESS	916 N WESTMORELAND DRIVE	
CITY-ST-ZIP	ORLANDO FL 32804	
TITLE	STD	<input type="checkbox"/> Delete
NAME	ZUFELT, ALBERT H	
STREET ADDRESS	916 N. WESTMORELAND DR.	
CITY-ST-ZIP	ORLANDO FL 32804	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZUFELT, BETTIE A.	
STREET ADDRESS	343 NEW WATERFORD PLACE	
CITY-ST-ZIP	LONGWOOD, FL 32779	
TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZUFELT ALBERT H.	
STREET ADDRESS	343 NEW WATERFORD PLACE	
CITY-ST-ZIP	LONGWOOD, FL 32779	
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		

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:

*Albert H. Zufelt*

ALBERT H. ZUFELT

3/13/00 (407) 682-2664

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)



DO NOT WRITE IN THIS SPACE

FILED  
Mar 15, 2000 8:00 am  
Secretary of State  
03-15-2000 90133 012 \*\*\*163.75