

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000086855

1. Entity Name

THE EXECUTIVE OFFICE, INC.

**FILED**  
**Apr 23, 2000 8:00 am**  
**Secretary of State**

04-23-2000 90052 017 \*\*\*150.00

Principal Place of Business

135 E PALMETTO PARK RD  
BOCA RATON FL 33432

Mailing Address

PO BOX 4249  
WINTER PARK FL 32793-4249

2. Principal Place of Business

P.O. BOX 4249

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

WINTER PARK, FL

City & State

Zip

32793

Country

USA

Country

4. FEI Number

65-0869042

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

HAMES, LAURENCE C  
390 N ORANGE AVE  
ORLANDO FL 32801

Name

B&C CORPORATE SERVICES CENTRAL FLORIDA, INC

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

390 N. ORANGE AVE

SUITE 1100

City

ORLANDO

FL

Zip Code  
32801

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 the filer, if applicable.

Anthony W. Palma, Vice President

(NOTE: Registered Agent signature required when reinstating)

4/13/00  
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DP  
BRYAN, JAMES B III  
PO BOX 4249  
WINTER PARK FL 32793-4249 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VS  
SCHMIDT, CHERYL  
PO BOX 4249  
WINTER PARK FL 32793-4249 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VT  
MASON, BETTY  
PO BOX 4249  
WINTER PARK FL 32793-4249 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Cheryl Schmidt

4/14/2000

4076786000

Date

Daytime Phone #

CR2E034 (9/99)