

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **79900052266**

**FILED**  
**Mar 22, 2000 8:00 am**  
**Secretary of State**  
 03-22-2000 90095 009 \*\*\*150.00

**Good Faith Title Company**

Principal Place of Business  
**706 Turnbull Avenue**  
**Suite 204**  
**Altamonte Springs, FL 32701**

Mailing Address  
**706 Turnbull Avenue**  
**Suite 204**  
**Altamonte Springs, FL 32701**

**825792**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>59-3581406</b>		Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
City & State		City & State					
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>Bogle &amp; Schulman, P.A.</b> <b>706 Turnbull Avenue, Suite 203</b> <b>Altamonte Springs, FL 32701</b>		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 \_\_\_\_\_ (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. <input checked="" type="checkbox"/> (See criteria on back)	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	<b>President</b>
STREET ADDRESS		STREET ADDRESS	<b>Sean F. Bogle</b>
CITY-ST-ZIP		CITY-ST-ZIP	<b>1508 Anchor Ct.</b>
			<b>Orlando, FL 32804</b>
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	<b>Treasurer</b>
STREET ADDRESS		STREET ADDRESS	<b>Beth-Ann Schulman</b>
CITY-ST-ZIP		CITY-ST-ZIP	<b>395 Sanford Avenue</b>
			<b>Longwood, FL 32750</b>
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	<b>Secretary</b>
STREET ADDRESS		STREET ADDRESS	<b>Catherine Outlan</b>
CITY-ST-ZIP		CITY-ST-ZIP	<b>628 Weybridge Ct.</b>
			<b>Lake Mary FL 32746</b>
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	<b>Vice President</b>
STREET ADDRESS		STREET ADDRESS	<b>Calvin F. Harding Jr.</b>
CITY-ST-ZIP		CITY-ST-ZIP	<b>499 Still Forest Terrace</b>
			<b>Sanford, FL 32771</b>
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: **Calvin Harding Jr.** 3/16/00 407-834-3311  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**Calvin Harding Jr., P.A.** Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CR2E034 (9/99)