

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000059520

1. Entity Name  
**THE EXECUTIVE CONNECTION, INC.**

**FILED**  
**Feb 20, 2001 8:00 am**  
**Secretary of State**

02-20-2001 90049 013 \*\*\*150.00

Principal Place of Business  
**990 N LAKE CLAIRE**  
**OVIDO FL 32765**

Mailing Address  
**900 N LAKE CLAIRE CIRCLE**  
**OVIDO FL 32765**

2. Principal Place of Business  
**880 Royalwood Lane**  
Suite, Apt. #, etc.  
**Oviedo**  
City & State  
**Florida**

3. Mailing Address  
**880 Royalwood Lane**  
Suite, Apt. #, etc.  
**Oviedo Florida**  
City & State

Zip  
**32765**

Country  
**U.S.**

Zip  
**32765**

Country  
**U.S.**

4. FEI Number **59-3586470**

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

**GIBBS, B GRAY**  
**100 SECOND AVE S SUITE 704**  
**ST PETERSBURG FL 33701**

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.  
(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

TITLE **P** ☐ Delete  
NAME **KNOBLOCK, KAREN**  
STREET ADDRESS **990 LAKE CLARIE N.**  
CITY - ST - ZIP **OVIDO FL 32765**

TITLE **VP** ☐ Delete  
NAME **KNOBLOCK, RANDALL P**  
STREET ADDRESS **990 N LAKE CLAIRE CIRCLE**  
CITY - ST - ZIP **OVIDO FL 32765**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Delete  
NAME  
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CITY - ST - ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition  
NAME **KNOBLOCK, KAREN**  
STREET ADDRESS **880 ROYALWOOD LANE**  
CITY - ST - ZIP **OVIDO FL 32765**

TITLE **VP** ☒ Change ☐ Addition  
NAME **KNOBLOCK, RANDALL P.**  
STREET ADDRESS **880 ROYALWOOD LANE**  
CITY - ST - ZIP **OVIDO FL 32765**

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

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CITY - ST - ZIP

TITLE ☐ Change ☐ 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: **Randall P. Knoblock Vice President** 2/1/01 407-947-5505  
\_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)