2001 UNIFORM BUSINESS REPORT (UBR)

1. Entity Nan	MENT # P990000	083410		,						3
					FILED					
Principal Plac	ce of Business	Mailing Address			OI APR 27 PM 4: 42					
800 N. HIGHLAND AVENUE. STE. 200 ORLANDO FL 32803		POST OFFICE BOX 4961 ORLANDO FL 32802-4961			SECRETA TALLAHA					
- B	20 (0.1	la mana								
2. Principal Place of Business		3. Mailing Address			I JERNINDA NO IDIZO JENI BRIKI DOZNI BOKIL BOKILI IDIDE NIKIL BIJOK KIRIL BRIKI KERI					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE					
City & State		City & State			4. FEI Number	59-3601105	I		plied For t Applicable]
Zip Country		Zip	Country		5. Certificate of Status Desired		□ \$	8.75 Add	itional	1
6. Name and Address of Current Registered Agent			1		7. Name and A	ddress of New Ro				
B&C CORPORATE SERVICES OF CENTRAL FLORIDA				Name	(P.O. Roy Number	is Not Acceptable				
	NORTH ORANGE AVENUE © 1100			Street Address (P.O. Box Number is Not Acceptable)						-
ORL	ANDO FL 32801		City					Zip Code	<u> </u>	
8. The above named entity submits this statement for the purpose of changing its reg					ru					-
o. The above	e named entity submits this statement to	r the purpose of changing its	s registereu (office of registe	red agent, or bout,	in the State of Fio	iua.			
SIGNATURE	Signature, typed or printed name of registered agent	and title it applicable. (NOT	E: Registered Ag	ent signature require	d when reinstating)		DATE			
9. This corpo	pration is eligible to satisfy its Intangible									
Tax filing requirement and elects to do so. (See criteria on back)		After MAY 1, 2001 Fee w Make Check Payable to De		l be \$550.00	🖊 📗 Trust Fund Contribution. 🔲 🗛			May Be to Fees		
11.	OFFICERS AND		12.			HANGES TO OFFI	CERS AND [DIRECTORS	S IN 11	
TITLE	•		TITLE					Change	Addition	5034 (10/00)
NAME STREET ADDRESS			name Street a	DDRESS	70	700004161527- -05/08/01010400			2	34 (1
CITY-ST-ZIP	ORLANDO FL 32803		CITY-ST-	ZIP			·~ ~~	. s s s	0.00	,
TITLE NAME	VPS CARLTON, CHARLES S		TITLE NAME					Change	Addition	CR2
STREET ADDRESS			STREET A							
CITY-ST-ZIP TITLE	ORLANDO FL 32803 VPT Delete		CITY-ST-	ZIP				Change	☐ Addition	1
NAME	WILLNER, DAVID M		NAME				·	onlinge		
STREET ADDRESS CITY-ST-ZIP				DDRESS						
TITLE	VPAS	Delete	CITY-ST-	211				Change	Addition	1
NAME	MCKINNEY, EUGENE V		NAME					_ •	_	
STREET ADDRESS CITY-ST-ZIP	800 N. HIGHLAND AVENUE, STE ORLANDO FL 32803	. 200	STREET A				1/2 /	1		Ļ.,
TITLE	VPAT	☐ Delete	TITLE				/ ∀ i	Changy	Addition	1
NAME etheet andress	LAWLWER, THOMAS P 800 N. HIGHLAND AVENUE, STE	200	NAME STREET AL	nnaree		, <u> </u>	/ /			
STREET ADDRESS CITY-ST-ZIP	ORLANDO FL 32803	. 2VU	STREET AI CITY-ST-				(
TITLE	VP	☐ Delete	TITLE				[_ Change	Addition	1
NAME STREET ADDRESS	Tuttle, L. Mills 800 n. Highland Avenue, Ste	. 200	NAME Street au	ODRESS					İ	
CITY-ST-ZIP	ORLANDO FL 32803	. =	CITY-ST-							
13. I hereby o	certify that the information supplied with	this filing does not qualify fo	r the exempt	ion stated in Se	ection 119.07(3)(i),	Florida Statutes. I	urther certify	that the in	formation	1

3. 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, withall other like empowered.

SIGNATURE:

4-19-01

407-297-1600