

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 31, 2000 8:00 am**  
**Secretary of State**

05-31-2000 90034 040 \*\*\*150.00

00100761



DO NOT WRITE IN THIS SPACE

**DOCUMENT # P99000096316**

1. Entity Name

**COMMUNICATION MANAGEMENT ADVISORS, INC.**

Principal Place of Business

Mailing Address

**511 LANYARD LANE  
 DEBARY FL 32713**

**511 LANYARD LANE  
 DEBARY FL 32713-2766**

2. Principal Place of Business

3. Mailing Address

**205 W. S.R. 434**

**205 W. S.R. 434**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**WINTER SPRINGS FL.**

**WINTER SPRINGS FL**

Zip

Country

Zip

Country

**32708**

**FL**

**32708**

**USA**

4. FEI Number

Applied For

**59-3606440**

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

**CORPORATION SERVICE COMPANY  
 1201 HAYS STREET  
 TALLAHASSEE FL 32301-2525**

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**D  
 DOHERTY, JOHN J  
 511 LANYARD LANE  
 DEBARY FL 32713** ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**POUNCEY, Schuyler  
 380 EGGAR Circle  
 COPPERSTONE  
 CASSELBERRY FLORIDA 32707** ☐ Change ☒ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**D  
 AVENA, GERARD  
 617 FOREST TROLL DRIVE  
 PORT. ORANGE FL 32127** ☒ Delete

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

TITLE  
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 CITY-ST-ZIP  
☐ Delete

TITLE  
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☐ 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 REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**5-1-00**

Date

**407-327-9700**

Daytime Phone #

CR21234 (9/99)