

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 719174

1. Entity Name

MAITLAND HOUSE MANAGEMENT, INC.

Principal Place of Business

668 NORTH ORLANDO AVE
105
MAITLAND FL 32751
US

Mailing Address

668 NORTH ORLANDO AVE
105
MAITLAND FL 32751-4459
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1387274

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

MORBITZER, MARGARET L
668 NORTH ORLANDO AVE
STE 105
MAITLAND FL 32751

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

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME KASHORK, JEANNE
STREET ADDRESS 210 MAGNOLIA RD UNIT 110
CITY-ST-ZIP MAITLAND FL 32751

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

TITLE TD ☐ Delete
NAME COPLEY, DEANNA L
STREET ADDRESS 210 MAGNOLIA RD APT 211
CITY-ST-ZIP MAITLAND FL

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

TITLE VPD ☐ Delete
NAME BRITT, ANN
STREET ADDRESS 210 MAGNOLIA RD UNIT 206
CITY-ST-ZIP MAITLAND FL 32751

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

TITLE SD ☐ Delete
NAME MCCORD, MARK
STREET ADDRESS 210 MAGNOLIA RD UNIT 112
CITY-ST-ZIP MAITLAND FL 32751

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

TITLE D ☐ Delete
NAME MAXFIELD, MAX
STREET ADDRESS 210 MAGNOLIA RD UNIT 205
CITY-ST-ZIP MAITLAND FL 32751

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Jeanne Kashork
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-7-00

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)