

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 29, 2002 8:00 am**  
**Secretary of State**

01-29-2002 90061 039 \*\*\*\*61.25

**DOCUMENT # 747381**

1. Entity Name

**COMMODORE PLACE CONDOMINIUM, INC.**

Principal Place of Business

Mailing Address

1902 HONOUR RD.  
 ORLANDO FL 32839-1505

1902 HONOUR RD.  
 ORLANDO FL 32839-1505

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

**59-2010269**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

REID, VIRGINIA-  
 1902 HONOUR RD.  
 ORLANDO FL 32809

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	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>DRUMMOND, DAN</b>	
STREET ADDRESS	<b>540 MANDALAY ROAD</b>	
CITY-ST-ZIP	<b>ORLANDO FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>VAZQUEZ, JOSH</b>	
STREET ADDRESS	<b>4618 GREEN GLEN CT</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32839-2066</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>COHEN, SYLVIA</b>	
STREET ADDRESS	<b>1916-1 HONOUR ROAD</b>	
CITY-ST-ZIP	<b>ORLANDO FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>HILDRETH, LEONIE</b>	
STREET ADDRESS	<b>1902-8 HONOUR ROAD</b>	
CITY-ST-ZIP	<b>ORLANDO FL</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>REXROAT, JAMES</b>	
STREET ADDRESS	<b>1213 OREGON STREET</b>	
CITY-ST-ZIP	<b>ORLANDO FL</b>	
TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>MARTINEZ, NEPTALI</b>	
STREET ADDRESS	<b>1813 TOWNHALL LANE</b>	
CITY-ST-ZIP	<b>ORLANDO FL</b>	

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>D Cook, Frances</b>	
STREET ADDRESS	<b>220 Amhym Dr.</b>	
CITY-ST-ZIP	<b>Orlando, FL 32835</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)(l), 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: \_\_\_\_\_

*SIGNATURE REQUIRED*

*Cohen 1-7-02 (407) 857-4030*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Business Phone #

CR2E037 (9/01)