

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A99000001042**

1. Entity Name

**GALLERY AT AVALON ISLAND, LTD.**

FILED

00 MAR 29 AM 2:46

SECRETARY OF STATE



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
75 WEST HOLDEN AVENUE  
ORLANDO FL 32839

Mailing Address  
P.O. BOX 560046  
ORLANDO FL 32856-0846

2. Principal Place of Business

**39 S. MAGNOLIA ST.**

3. Mailing Address

**P.O. BOX 621808**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**ORLANDO, FL**

City & State

**ORLANDO FL**

4. FEI Number

Applied For

Not Applicable

Zip

**32801**

Country

**USA**

Zip

**32862**

Country

**USA**

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

~~MOTOLAW, INC.  
413 VIRGINIA DRIVE  
ORLANDO FL~~

Name

Street Address (P.O. Box Number is Not Acceptable)

~~600003187796-6~~

~~02/29/00-01009-013  
\*\*\*526.25 \*\*\*526.25~~

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. Capital Contributions as Shown on record.

**\$20,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

**337,000**

11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # **P99000056991**  
NAME **MERLIN OF ORLANDO, INC.**  
STREET ADDRESS **75 WEST HOLDEN AVENUE**  
CITY - ST - ZIP **ORLANDO FL 32839**

STREET ADDRESS **39 S. MAGNOLIA ST.**  
CITY - ST - ZIP **ORLANDO, FL 32801**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

STREET ADDRESS  
CITY - ST - ZIP **RF \$ 526.25**

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STREET ADDRESS  
CITY - ST - ZIP

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

~~SIGNATURE~~ **W. Kiene**

**2/29/00**

**407-257-4007**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (9/99)

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

99-00  
4BR

FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 MAR 29 AM 11:45

DOCUMENT # P96000096736

1. Corporation Name

PAUL POPPELL'S AUTO BODY, INC.

Principal Place of Business: 916 SOUTHEAST 8TH PLACE, CAPE CORAL FL 33990  
Mailing Address: 916 SOUTHEAST 8TH PLACE, CAPE CORAL FL 33990

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable  
3. New Mailing Office Address, If Applicable  
4. Date Incorporated or Qualified To Do Business in Florida: 11/27/1996  
5. FEI Number: 65-0719322  
6. CERTIFICATE OF STATUS DESIRED [ ] \$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Table with 4 columns: Title(s), Name of Officers and/or Directors, Street Address of Each Officer and/or Director, City / State / Zip. Entry for JOHN P. POPPELL at 5024 SOUTHWEST 25TH PLACE, CAPE CORAL FL 33990.

8. Name and Address of Current Registered Agent

FAYER, ALLEN  
3501 DEL PRADO BLVD  
SUITE 205  
CAPE CORAL FL 33904

9. Name and Address of New Registered Agent

Name: LARROW, PAUL L.  
Street Address (P.O. Box Number is Not Acceptable): 3501 DEL PRADO BOULEVARD  
Suite, Apt. #, Etc.: SUITE 302  
City: CAPE CORAL  
State: FL  
Zip Code: 33904

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

[Handwritten Signature]

REGISTERED AGENT MUST SIGN

Date: 21 MARCH 2000

AD

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes [X] No [ ]

(See other side for information on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the name of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

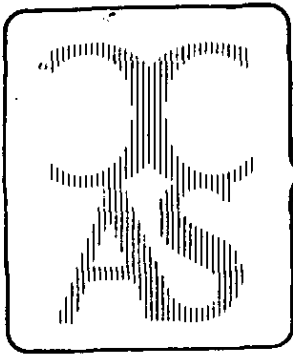
SIGNATURE: [Handwritten Signature]

PRESIDENT X 3-22-00 941-772-1100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



# CAPE CORAL ACCOUNTING SERVICE

Established 1961

Certified Mail P 482 197 929

March 21, 2000

Florida Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, Florida 32314

RE: Document # 96000096736  
Paul Poppell's Auto Body, Inc.

Gentlemen:

This letter is in response to a telephone conversation with your representative of this date for assistance in correcting the erroneous dissolution of the above referenced Corporation.

On April 14, 1999, Paul Poppell's Auto Body, Inc. filed its 1999 Profit Corporation Annual Report with the Division of Corporations. Included with the filing was the Corporation's check number 1569 in the amount of \$150.00 for the filing fees due for reports filed prior to May 1, 1999. This check was endorsed and deposited by the Department of State on April 19, 1999. A copy of the check is attached to this letter for your reference and use.

No further communications were received by the Corporation from the Department of State regarding the status of the Corporation's 1999 report filing or that the Corporation had been dissolved by the Secretary of State.

In March 2000, the Corporation advised us that they had not received the 2000 Uniform Business Report. Upon investigation, we discovered that the Secretary of State's Office had dissolved the Corporation in spite of the fact that they had timely received the 1999 Annual Report and timely received and deposited the appropriate annual filing fees.

CCAS CORPORATION  
3501 DEL PRADO BOULEVARD, SUITE 302 • CAPE CORAL, FLORIDA 33904  
PHONE (941) 542-2558 • FAX (941) 542-2320  
WEB: WWW.CCASCORP.COM • E-MAIL: INFO@CCASCORP.COM