

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J.72309
 1. Entity Name Amended
Valencia Properties

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

01 JUN -7 AM 9:40

Principal Place of Business Mailing Address

300004417583--1
 -06/13/01--01052--005
 *****12.25 *****12.25
 DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 255 S. Orange Ave
 Suite, Apt. #, etc. #1255

3. Mailing Address
 Suite, Apt. #, etc.

City & State Orlando, FL

City & State SAME

4. FEI Number 59.280825e
 Applied For Not Applicable

Zip 32801

Country U.S.A

Zip

Country

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
MARY B. SHARP
255 S. ORANGE AVE
#1255
Orlando, FL 32801

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
300004417583--1
-06/13/01--01052--004
*****12.25 *****12.25
 City

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 Mary B. Sharp Pres. Mary B. Sharp 4/26/01
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, 2001 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>G.P. FINLEY M. HAMILTON</u> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Sec/Treas Michelle Brown</u> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>300004417583--1</u> <input type="checkbox"/> Delete <u>-06/13/01--01052--008</u> <u>*****12.25 *****12.25</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>SENIOR VICE PRES</u> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <u>FINLEY M. HAMILTON</u> <u>255 S. ORANGE AVE #1255</u> <u>ORLANDO FL 32801</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Sec/Treas</u> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <u>John F. Ford</u> <u>255 S. ORANGE AVE. 1255</u> <u>ORLANDO, FL. 32801</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Director</u> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <u>Michelle King</u> <u>255 S. ORANGE AVE</u> <u>ORLANDO - FL - 32801 1255</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>C.E.O.</u> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <u>Kelley Ivanovich</u> <u>255 S. ORANGE AVE</u> <u>ORLANDO, FL 32801 1255</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>300004417583--1</u> <input type="checkbox"/> Change <input type="checkbox"/> Addition <u>-06/13/01--01052--006</u> <u>*****12.25 *****12.25</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>300004417583--1</u> <input type="checkbox"/> Change <input type="checkbox"/> Addition <u>-06/13/01--01052--007</u> <u>*****12.25 *****12.25</u>

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: Mary B. Sharp Pres. 4/26/01 407.835.0016
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)

AD