

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000000832

1. Entity Name

FORT MAITLAND INVESTORS L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JAN 31 AM 8:09

Principal Place of Business

800 SOUTH ORLANDO AVENUE
MAITLAND FL 32751

Mailing Address

P.O. BOX 945295
MAITLAND FL 32794



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

59-3516999

Applied For
Not Applicable

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

HUMPHRIES, J. GREGORY ESQ.
20 NORTH ORANGE AVE., SUITE 1000
ORLANDO FL 32801-4626

7. Name and Address of New Registered Agent

Name: James A. Edwards
Street Address (P.O. Box Number is Not Acceptable):
800 S. Orlando Ave.
City: Maitland FL Zip Code: 32751

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

James A. Edwards

1/27/00

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
MGRM EDWARDS, JAMES A	800 SOUTH ORLANDO AVENUE	MAITLAND FL 32751	<input type="checkbox"/>
MGRM SMITH, JOHN W	800 SOUTH ORLANDO AVENUE	MAITLAND FL 32751	<input type="checkbox"/>
MGRM ROTH, LARRY M	800 SOUTH ORLANDO AVENUE	MAITLAND FL 32751	<input type="checkbox"/>
MGRM POWELL, W. SCOTT	800 SOUTH ORLANDO AVENUE	MAITLAND FL 32751	<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

10. ADDITIONS/CHANGES

TITLE NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
4000031218-02/02/00-01095-003 ****50.00****50.00				
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

James A. Edwards
SIGNATURE REQUIRED

Date

1/27/00

Daytime Phone #

407-599-2311