## 2000 UNIFORM BUSINESS REPORT (UBR)

## Feb 07, 2000 8:00 am Secretary of State **DOCUMENT # M96095** HUNTON, BRADY, PRYOR & MASO ARCHITECTS, P.A. 02-07-2000 90007 050 \*\*\*150.00 Principal Place of Business Mailing Address 135 W CENTRAL BLVD SUITE #400 135 W CENTRAL BLVD SUITE #400 ORLANDO FL 32801-9405 ORLANDO FL 32801-2435 B0015251 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-2910866 Not Aggilia Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PRYOR, FRED H JR. Street Address (P.O. Box Number is Not Acceptable) 135 WEST CENTRAL BLVD., SUITE 400 ORLANDO FL 32801 City 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 iviay After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to F (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. TITLE TITLE ☐ Change □ Delete BRAYD, CLYDE A III . NAME 1. 1. NAME STREET ADDRESS 135 WEST CENTRAL BLVD. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL ☐ Change TITLE ☐ Delete TITLE PRYOR, FRED H JR. NAME NAME 135 WEST CENTRAL BLVD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP orlando fl $\overline{\mathsf{VPS}}$ Delete TITLE ☐ Change TITLE MASO, MAURIZIO J NAME NAME STREET ADDRESS 135 WEST CENTRAL BLVD. STREET ADDRESS CITY-ST-ZIP ORLANDO FL CITY-ST-ZIP Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change $\square$ TITLE

13. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the 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 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 state 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 state or the receiver of the corporation or the receiver of the corporation of the co

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/00 401/839.0886

**FILED**