

4/27/01-90348-044-\$61.25-\$61.25
9/18/01-90013-040-\$61.25-\$61.25

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000007658

1. Entity Name

APOPKA-VINELAND ROAD LANDSCAPE MAINTENANCE COMM

Principal Place of Business

1955 S. APOPKA-VINELAND RD.
ORLANDO FL 32835

Mailing Address

1955 S. APOPKA-VINELAND RD.
ORLANDO FL 32835

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 59-3750598

Applied For

Not Applicable

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

Name

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

City

FL

Zip Code

WEAN, PAUL L. ESQ.
1305 E. ROBINSON ST.
ORLANDO FL 32801

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 resigning)

DATE

FILE NOW: FEE IS \$61.25
After September 12, 2001, min. will be \$236.25

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

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	☐ Delete
	P	MSKANEN, ANDY	1955 S. APOPKA-VINELAND RD. ORLANDO FL 32835	☐
	VD	WAUGH, CHARLES	921 PALM COVE DR. ORLANDO FL 32835	☐
	TD	JONES, JERRY	263 OEMPSEY WAY ORLANDO FL 32835	☐
	SD	LORENZ, RAY	8130 VINELAND OAKS BLVD. ORLANDO FL 32835	☐
				☐
				☐

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	☐ Change	☐ Addition
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐

12. 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 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:

ANDY MSKANEN

9-11-01

407-299-1703

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
01 NOV -8 AM 10:39
SECRETARY OF STATE
TAMM FLORIDA



DO NOT WRITE IN THIS SPACE

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CR2E037 (5/01)