

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N20471

1. Entity Name

THE CENTER OF COMMERCE AT ORLANDO OWNERS' ASSOCI

**FILED**  
**Jul 17, 2000 8:00 am**  
**Secretary of State**

07-17-2000 90001 027 \*\*\*\*61.25

Principal Place of Business

Mailing Address

315 E ROBINSON ST  
SUITE 400  
ORLANDO FL 32801  
US

315 E ROBINSON ST  
SUITE 400  
ORLANDO FL 32801-1949  
US

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

59-2965059

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

WIELAND, JEFFREY P  
2 SOUTH ORANGE AVENUE  
ORLANDO FL 32801

Name

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

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

**FILE NOW:**  
**FEE IS \$61.25**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete  
NAME LILLEY, ROY A  
STREET ADDRESS 315 ROBINSON ST STE 400  
CITY-ST-ZIP ORLANDO FL 32801

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

TITLE STD ☒ Delete  
NAME BRUENE, BRUCE  
STREET ADDRESS 801 GRAND AVE  
CITY-ST-ZIP DES MOINES IA 50392-1370

TITLE STD ☐ Change ☒ Addition  
NAME Rizzi, Nicholas  
STREET ADDRESS 801 Grand Ave  
CITY-ST-ZIP Des Moines, IA 50392-1370

TITLE D ☐ Delete  
NAME WOOFER, LINDA  
STREET ADDRESS 801 GRAND AVE  
CITY-ST-ZIP DES MOINES IA 50392-1370

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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:

*Signature Required*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Nicholas Rizzi

Date

Daytime Phone #

515-235-1812

CR2E037 (9/99)