2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2000 8:00 am
Secretary of State
05-01-2000 90476 033 ****61.25

DOCUMENT # N22198

1. Entity Name

ORLANDO NORTH INDUSTRIAL PARK OWNER'S ASSOCIATIO

Principal Place of Business	Mailing Address
~~%ROBERT N. JOHNSON~~ ~~933 LEE ROAD, SUITE 400~~ ~~ORLANDO FL 32810~~	~~%ROBERT N. JOHNSON~~ ~~933 LEE ROAD, SUITE 400~~ ~~ORLANDO FL 32810-5537~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
c/o LINDA NEUMAN, CPA	LINDA J. NEUMAN, CPA
Suite, Apt. #, etc.: P.O. Box 915949	Suite, Apt. #, etc.: P.O. Box 915949
City & State: LONGWOOD, FL	City & State: LONGWOOD, FL
Zip: 32779 Country:	Zip: 32779 Country:

4. FEI Number: 59-2880373 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

JOHNSON, ROBERT N.
933 LEE ROAD, SUITE 400
ORLANDO FL 32810

7. Name and Address of New Registered Agent

Name: LINDA J. NEUMAN
Street Address (P.O. Box Number is Not Acceptable): 650 LONGMEADOW CIR
City: LONGWOOD **FL** Zip Code: 32779

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: _____ 4/20/00
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D HARPER, JAMES 2054 SPRINT BLVD APOPKA FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WOLEK, JUDY 2036 SPRINT BLVD. APOPKA FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D OBEE, RON 2152 SPRINT BLVD. APOPKA FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JOHNSON, ROBERT N LOT 7/441, 933 LEE ROAD, STE. 400 ORLANDO FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HIETLER, ROBERT REUKNIONS, INC., SPRINT BLVD. APOPKA FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (9/99)

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: Edwina Clew REQUIRED 4/21/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #