

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 15, 2001 8:00 am
Secretary of State

02-15-2001 90007 009 ****61.25

000153

DOCUMENT # N22198

1. Entity Name

ORLANDO NORTH INDUSTRIAL PARK OWNER'S ASSOCIATIO

Principal Place of Business

Mailing Address

~~ROBERT N. JOHNSON~~
P.O. BOX 915949
LONGWOOD FL 32779

~~ROBERT N. JOHNSON~~
P.O. BOX 915949
LONGWOOD FL 32779

2. Principal Place of Business

% LINDA NEUMAN

3. Mailing Address

% LINDA NEUMAN

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

32791

Country

Zip

32791

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

7. Name and Address of New Registered Agent

NEUMAN
NEWMAN, LINDA
650 LONGMEADOW CIR
LONGWOOD FL 32779

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 **D** ☐ Delete
NAME **HARPER, JAMES**
STREET ADDRESS **2054 SPRINT BLVD**
CITY-ST-ZIP **APOPKA FL**

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

TITLE **D** ☐ Delete
NAME **WOLEK, JUDY**
STREET ADDRESS **2036 SPRINT BLVD.**
CITY-ST-ZIP **APOPKA FL**

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

TITLE **D** ☐ Delete
NAME **OBEE, RON**
STREET ADDRESS **2152 SPRINT BLVD.**
CITY-ST-ZIP **APOPKA FL**

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

TITLE **D** ☐ Delete
NAME **JOHNSON, ROBERT N**
STREET ADDRESS **LOT 7/441, 933 LEE ROAD, STE. 400**
CITY-ST-ZIP **ORLANDO FL**

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

TITLE **D** ☐ Delete
NAME **HITLER, ROBERT**
STREET ADDRESS **REUKNIONS, INC., SPRINT BLVD.**
CITY-ST-ZIP **APOPKA FL**

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

Date

Daytime Phone #

CR2E037 (10/00)