2903-NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N22198

ORLANDO NORTH INDUSTRIAL PARK OWNER'S ASSOCIATIO



Jan 16, 2003 8:00 am Secretary of State 01-16-2003 90164 002 ****61.25

FILED



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Principal Pl	lace of Business	Ma	illing Address			-				
96LINDA NEUMAN P.O. BOX 915949		%LII P.O.	%LINDA NEUMAN P.O. BOX 915949 LONGWOOD FL 32779							
2. Principa	al Place of Business	3. N	Mailing Address		-					
Suite, Apt. #, etc.			Suite, Apt. #, etc.			-				
City & St	tate		07-18-01-1		<u></u> _		CHECK HERE I	F MAKIN(G CHANGE	S
			City & State			4. FEI Number 59-2880373 Applied For Not Applicable				
Zip	Country		Zip	Country	/	5. Certificate of Sta	atus Desired		\$8.75 A	dditional
	6. Name and Address of	Current Registe	ered Agent	┸——		7. Name and Add	ress of New Do	alatored.	Fee Requi	red
NEum				N	lame	The same same same same same same same sam	COS OF HOM HE	gistered	Agent	
NEWMAN, LINDA 650 LONGMEADOW CIR			-	Street Address		(P.O. Box Number is N	ot Acceptable)	<u>~</u>	s	
	100D FL 32779									·
					ity				7:- 0-	-T
8. The above	re named entity submits this stat ations of registered agent.			Í	•			FL	Zip Co	de
SIGNATURE	Signature, typed or printed name of regis	tered agent and title if ag								
			pplicable. (NOTE	E: Registered Age	nt signature required	when reinstating)	·	•DATE		
·	FILE NOW: FEE IS \$61.	25	9. Election Can Trust Fund C	mpaign Finan	cing _	\$5.00 May Be Added to Fees	Make	e Check	Payable ment of	to State
10.	FILE NOW: FEE IS \$61.		9. Election Can Trust Fund C	mpaign Finan	cing	\$5.00 May Be Added to Fees	Maki Florida	e Check Depart	ment of	State
·	FILE NOW: FEE IS \$61. OFFICERS	25	9. Election Can Trust Fund C	mpaign Finan Contribution.	cing	\$5.00 May Be	Maki Florida	e Check Depart	ment of	State
10.	FILE NOW: FEE IS \$61. OFFICERS PD WOLEK, EDWIN C	25	9. Election Can Trust Fund C	mpaign Financontribution. 11. TITLE NAME	cingA	\$5.00 May Be Added to Fees	Maki Florida	e Check Depart	ment of	State
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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 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 CNATURE:

GNATURE:

GNATURE:

GNATURE:

SIGNATURE: 1