

.2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P94000059729**

1. Entity Name

WORTHINGTON PROPERTIES INCORPORATED

Principal Place of Business

**100 EAST SYBELIA AVENUE
STE. 225
MAITLAND FL 32751
US**

Mailing Address

**100 EAST SYBELIA AVE
STE. 225
MAITLAND FL 32751
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 **65-0518899**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**HAGLE, MARC L.
100 EAST SYBELIA AVENUE
STE. 225
MAITLAND FL 32751**

7. Name and Address of New Registered Agent

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

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State**10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	VPS	☐ Delete
NAME	KRUMM, WALTER T	
STREET ADDRESS	4951 GULF SHORE BLVD. N. PH301	
CITY-ST-ZIP	NAPLES FL	

TITLE	P	☐ Delete
NAME	HAGLE, MARC L	
STREET ADDRESS	100 E. SYBELIA AVE., #225	
CITY-ST-ZIP	MAITLAND FL	

TITLE	AS	☐ Delete
NAME	LANGFORD, SHARON	
STREET ADDRESS	100 E. SYBELIA AVE, #225	
CITY-ST-ZIP	MAITLAND FL	

TITLE	AS	☐ Delete
NAME	OTTO, MARY	
STREET ADDRESS	100 EAST SYBELIA AVENUE., #225	
CITY-ST-ZIP	MAITLAND FL 32751	

TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

TITLE		☒ Change ☐ Addition
NAME	MARY MARKO	
STREET ADDRESS		
CITY-ST-ZIP		

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

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

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 04, 2001 8:00 am
Secretary of State

04-04-2001 90052 026 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)