

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **PA700026187**

1. Entity Name

Trafalgar 800, Inc.

**FILED**  
 00 JUN 27 AM 10:58  
 SECRETARY OF STATE  
 TALLAHASSEE FLORIDA

Principal Place of Business: 800 Trafalgar Court Ste 200 Maitland, FL 32751  
 Mailing Address: 800 Trafalgar Court Ste 200 Maitland, FL 32751 US

2. Principal Place of Business: Suite, Apt. #, etc. City & State Zip Country  
 3. Mailing Address: Suite, Apt. #, etc. City & State Zip Country

4. FEI Number: 59-3433335 Applied For: Not Applicable  
 5. Certificate of Status Desired:  \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

Brown, Gary E  
 800 Trafalgar Court #200  
 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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

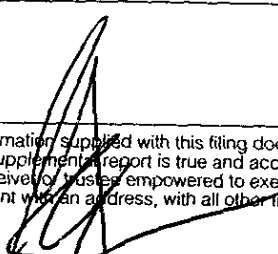
9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: DC <input type="checkbox"/> Delete	NAME: Brown, Gary E STREET ADDRESS: 800 Trafalgar Court #200 CITY-ST-ZIP: Maitland, FL 32751	TITLE: Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE: DV <input type="checkbox"/> Delete	NAME: VonWeller, Harold J STREET ADDRESS: 800 Trafalgar Court #200 CITY-ST-ZIP: Maitland, FL 32751	TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: DP <input type="checkbox"/> Delete	NAME: Davis, Steven S STREET ADDRESS: 800 Trafalgar Court #200 CITY-ST-ZIP: Maitland, FL 32751	TITLE: Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 100003327301-1 -07/19/00-01020-017 *****61.25 *****61.25	
TITLE: ST <input checked="" type="checkbox"/> Delete	NAME: Pipkorn, Timothy G STREET ADDRESS: 800 Trafalgar Court #200 CITY-ST-ZIP: Maitland, FL 32751	TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: _____ <input type="checkbox"/> Delete	NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: _____ <input type="checkbox"/> Delete	NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>KE</b>

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:  Gary E. Brown Date: 2/21/00 Daytime Phone #: 407-475-0800

CR2E034 (9/99)