

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90121 022 ***150.00

DOCUMENT # P98000099269

1. Entity Name

BALLYVOLANE HOLDING, INC.

Principal Place of Business

Mailing Address

**200 SOUTH ORANGE AVE., SUITE 2300
 ORLANDO FL 32802**

**P.O. BOX 112
 ORLANDO FL 32802-0112**

2. Principal Place of Business

129 W. Church Street
 Suite, Apt. #, etc.

3. Mailing Address

200 S. Orange Avenue
 Suite, Apt. #, etc.
Suite 2300



DO NOT WRITE IN THIS SPACE

City & State
Orlando FL

City
Orlando, Florida 32801

4. FEI Number **59-3545329**

Applied For
 Not Applicable

Zip **32801** Country **USA**

Zip Country

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

Name
A.G.C. Co
 Street Address (P.O. Box Number is Not Acceptable)
200 S. Orange Avenue
Suite 2300
 City **Orlando** **FL** Zip Code **32801**

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 **Richard T. Fulton, Vice President** **2/29/2000**

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, 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	DP	<input type="checkbox"/> Delete
NAME	O'RIORDAN, GERARD	
STREET ADDRESS	6100 DEACON DR.	
CITY-ST-ZIP	WINDERMERE FL 34786	
TITLE	DVPS	<input type="checkbox"/> Delete
NAME	PIERRY, TYLER	
STREET ADDRESS	6100 DEACON DR.	
CITY-ST-ZIP	WINDERMERE FL 34786	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Tyler Piercy

2/14/99

407-422-2434

Date

Daytime Phone #

CR2E034 (9/99)