

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 01, 2000 8:00 am
Secretary of State

03-01-2000 90069 003 ***150.00

DOCUMENT # P99000057675

1. Entity Name

CHURCH STREET STATION LAND COMPANY, INC.

Principal Place of Business

Mailing Address

200 SOUTH ORANGE AVE.
 SUITE 2300
 ORLANDO FL 32802

P.O. BOX 112
 ORLANDO FL 32802-0112

816198



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

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

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

City & State
 Orlando FL

City & State
 Orlando FL

4. FEI Number
 59-3583529

Applied For
 Not Applicable

Zip
 32801

Country
 USA

Zip
 32801

Country
 USA

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

O'RIORDAN, GERARD
 6100 DEACON DR.
 WINDERMERE FL 34786

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, 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D	<input type="checkbox"/> Delete	TITLE President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME O'RIORDAN, GERARD		NAME O'Riordan, Gerard	
STREET ADDRESS 6100 DEACON DR.		STREET ADDRESS 6100 Deacon Dr.	
CITY-ST-ZIP WINDERMERE FL 34786		CITY-ST-ZIP Windermere FL 34786	
TITLE D	<input type="checkbox"/> Delete	TITLE Vice-President, Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME PIERCY, TYLER		NAME Piercy, Tyler	
STREET ADDRESS 6100 DEACON DR.		STREET ADDRESS 6100 Deacon Dr.	
CITY-ST-ZIP WINDERMERE FL 34786		CITY-ST-ZIP Windermere FL 34786	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: *Tyler Piercy* Director Tyler Piercy 2/14/99 407-422-2436
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)