

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J34546

1. Entity Name

247 LONGWOOD INVESTORS, INCORPORATED

**FILED**  
**Apr 20, 2000 8:00 am**  
**Secretary of State**

04-20-2000 90031 024 \*\*\*150.00

Principal Place of Business

861 W MORSE BLVD.  
SUITE 250  
WINTER PARK FL 32789  
US

Mailing Address

P.O. BOX 940658  
MAITLAND FL 32794-0658

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

59-2728864

Applied For

Not Applicable

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

WALKER, B J  
235 S MAITLAND AVE  
MAITLAND FL 32751

Name  
DON BROWN, P.A.

Street Address (P.O. Box Number is Not Acceptable)  
200 NORTH THORNTON AVENUE

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

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  
NAME PD  
RUTH, MOGUL ☒ Delete  
STREET ADDRESS  
CITY-ST-ZIP 861 WEST MORSE BLVD. STE 250  
WINTER PARK FL 32789

TITLE  
NAME JOHN W. SALTMAN - PD ☒ Change ☒ Addition  
STREET ADDRESS  
CITY-ST-ZIP 861 WEST MORSE BLVD., SUITE 250  
WINTER PARK, FL. 32789

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
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:

*Benjamin J. Walker*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/ 24/00  
Date

407- 647-5111  
Daytime Phone #

CR2E034 (9/99)