

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **N20471**

1. Entity Name

THE CENTER OF COMMERCE AT ORLANDO OWNERS' ASSOCI

R

FILED
Jul 17, 2000 8:00 am
Secretary of State

07-17-2000 90001 027 ****61.25



DO NOT WRITE IN THIS SPACE

Principal Place of Business 315 E ROBINSON ST SUITE 400 ORLANDO FL 32801 US	Mailing Address 315 E ROBINSON ST SUITE 400 ORLANDO FL 32801-1949 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number 59-2965059	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**WIELAND, JEFFREY P
2 SOUTH ORANGE AVENUE
ORLANDO FL 32801**

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

**FILE NOW:
FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	LILLEY, ROY A	
STREET ADDRESS	315 ROBINSON ST STE 400	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	BRUENE, BRUCE	
STREET ADDRESS	801 GRAND AVE	
CITY-ST-ZIP	DES MOINES IA 50392-1370	
TITLE	D	<input type="checkbox"/> Delete
NAME	WOOFER, LINDA	
STREET ADDRESS	801 GRAND AVE	
CITY-ST-ZIP	DES MOINES IA 50392-1370	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	STD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Rizzi, Nicholas	
STREET ADDRESS	801 Grand Ave	
CITY-ST-ZIP	Des Moines, IA 50392-1370	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Nicholas Rizzi* **Nicholas Rizzi** *6/2/00* **515-235-1812**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)