

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 21, 2002 8:00 am**  
**Secretary of State**

01-21-2002 90038 050 \*\*\*150.00

0089518 AV

**DOCUMENT # P93000088227**

1. Entity Name  
**1211 BUILDING CORP.**

Principal Place of Business  
**P.O. BOX 1330**  
**WINTER PARK FL 32790**

Mailing Address  
**P.O. BOX 1330**  
**WINTER PARK FL 32790**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3218772**

Applied For  
 Not Applicable

Zip

Country

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

**JOHNSON, LORAN A**  
**215 N EOLA DR**  
**ORLANDO FL 32801**

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, 2002 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 ☐ Delete  
 NAME **D**  
 STREET ADDRESS **BELL, JOHN MARTIN**  
 CITY-ST-ZIP **1215 ORANGE AVE**  
**WINTER PARK FL 32789**

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS **1211 Orange Avenue, Suite 202**  
 CITY-ST-ZIP **Winter Park FL 32789**

TITLE ☐ Delete  
 NAME **PST**  
 STREET ADDRESS **BELL, JOHN MARTIN**  
 CITY-ST-ZIP **1215 ORANGE AVE**  
**WINTER PK FL 32789**

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS **1211 Orange Avenue, Suite 202**  
 CITY-ST-ZIP **Winter Park FL 32789**

TITLE ☐ Delete  
 NAME **V**  
 STREET ADDRESS **SCHOO, INGRID L**  
 CITY-ST-ZIP **675 OSCEOLA AVENUE**  
**WINTER PARK FL**

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
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TITLE ☐ Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-8-02**

Date Daytime Phone #

CR2E034 (9/01)