

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2002 8:00 am
Secretary of State

03-14-2002 90024 016 ****61.25

DOCUMENT # N20471

1. Entity Name

THE CENTER OF COMMERCE AT ORLANDO OWNERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

315 E ROBINSON ST
 SUITE 400
 ORLANDO FL 32801
 US

315 E ROBINSON ST
 SUITE 400
 ORLANDO FL 32801
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1900 ~~Marlton~~ Summit Tower

3. Mailing Address

1900 ~~Marlton~~ Summit Tower

Suite, Apt. #, etc.

Blvd Suite 750

Suite, Apt. #, etc.

Blvd Suite 750

City & State

Orlando FL

City & State

Orlando FL

Zip

32810

Country

US

Zip

32810

Country

US

4. FEI Number

59-2965059

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

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: Nancy Goldenberg
 Street Address (P.O. Box Number is Not Acceptable): 1900 ~~Marlton~~ Summit Tower Blvd
 Suite 750
 City: Orlando FL Zip Code: 32810

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

Nancy A. Goldenberg

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 checked="" 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 checked="" 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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Nancy Goldenberg	
STREET ADDRESS	1900 Marlton Summit Tower Blvd Suite 750	
CITY-ST-ZIP	Orlando FL 32810	
TITLE	ST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Charlene Perea	
STREET ADDRESS	1900 Marlton Summit Tower Blvd Suite 750	
CITY-ST-ZIP	Orlando FL 32810	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Russel Blackwell	
STREET ADDRESS	65 E. State Street Suite 1750	
CITY-ST-ZIP	Columbus OH 43215	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Rebecca S Smith	
STREET ADDRESS	3424 Peachtree Road NE Suite 300	
CITY-ST-ZIP	Atlanta GA 30326	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Chris Harris	
STREET ADDRESS	3424 Peachtree Road NE Suite 300	
CITY-ST-ZIP	Atlanta GA 30326	
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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)

GREENBERG
ATTORNEYS AT LAW
TRAURIG

Attachment of Doc#
N26471

Yvonne Mendez, Legal Assistant
(407) 317-8550

336135

March 1, 2002

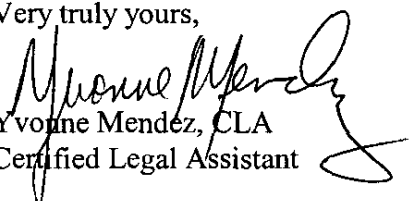
Florida Secretary of State
Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

Re: The Center of Commerce at Orlando Owners' Association, Inc.

Dear Sir or Madam:

Enclosed is the original 2002 Uniform Business Report for the above-referenced corporation along with our check payable to your order in the amount of \$61.25 in payment of the annual filing fee for the Business Report.

Thank you for your assistance in this regard and if you have any questions, please do not hesitate to contact the undersigned.

Very truly yours,

Yvonne Mendez, CLA
Certified Legal Assistant

/ym
Enclosure
cc: Craig Miñegar, Esq.