

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N20471

1. Entity Name

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



FILED

03 FEB 13 AM 11:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

1900 SUMMIT TOWER BLVD
SUITE 750
ORLANDO FL 32801
US

Mailing Address

1900 SUMMIT TOWER BLVD
SUITE 750
ORLANDO FL 32801
US

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 59-2965059

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GOLDENBERG, NANCY
1900 SUMMIT TOWER BLVD
SUITE 750
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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PVP
NAME GOLDENBERG, NANCY ☐ Delete
STREET ADDRESS 1900 SUMMIT TOWER BLVD, STE 750
CITY-ST-ZIP ORLANDO FL 32810

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 400012462104
CITY-ST-ZIP 02/13/03--01050--009 **\$61.25

TITLE ST
NAME PEREAU, CHARLENE ☐ Delete
STREET ADDRESS 1900 SUMMIT TOWER BLVD, STE 750
CITY-ST-ZIP ORLANDO FL 32810

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

TITLE D
NAME BLACKWELL, RUSSEL ☐ Delete
STREET ADDRESS 65 E STATE STREET, STE 1750
CITY-ST-ZIP COLUMBUS OH 43215

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

TITLE D
NAME SMITH, REBECCA S ☐ Delete
STREET ADDRESS 3424 PEACHTREE RD NE, STE 300
CITY-ST-ZIP ATLANTA GA 30326

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

TITLE D
NAME HARRIS, CHRIS ☐ Delete
STREET ADDRESS 3424 PEACHTREE RD NE, STE 300
CITY-ST-ZIP ATLANTA GA 30326

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

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 of Registered Agent

1/24/03

407-618-1280

CR2E037 (10/02)