

**2000 UNIFORM BUSINESS REPORT (UBR)**

5/8/

**FILED**  
**Jun 06, 2000 8:00 am**  
**Secretary of State**

05-08-2000 90020 044 \*\*\*150.00

**DOCUMENT #** 216296

**1. Entity Name**  
 Rood Investments, Inc.  
 503 W. Central Blvd.  
 Orlando, FL 32801

**Principal Place of Business**  
 503 W. Central Blvd.  
 Orlando, FL 32801

**Mailing Address**  
 P. O. Box 3707  
 Orlando, FL 32802

**2. Principal Place of Business**  
 503 W. Central Blvd.  
 Orlando, FL 32801

**3. Mailing Address**  
 P.O. Box 3707, Orlando, FL 32801

**Suite, Apt. #, etc.**  
 Orlando, FL 32801

**Suite, Apt. #, etc.**  
 Orlando, FL 32802

**City & State**  
 Orlando, FL 32801

**City & State**  
 Orlando, FL 32802

**Zip** 32801 **Country** Orange

**Zip** 32802 **Country** Orange

**4. FEI Number**  
 59-0904812

**Applied For**  
 Not Applicable

**5. Certificate of Status Desired**  **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**  
 Ronald W. Rood  
 1100 Overbrook Dr.  
 Orlando, FL

**7. Name and Address of New Registered Agent**  
 Name: Nancy R. Johnson  
 Street Address (P.O. Box Number is Not Acceptable): Alabama Drive  
 City: Winter Park, FL Zip: 32808

**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 R. Johnson* **DATE** 5/30/00

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**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**

<b>TITLE</b> P/D	<input checked="" type="checkbox"/> Delete
<b>NAME</b> Ronald W. Rood	
<b>STREET ADDRESS</b> 1100 Overbrook Dr., Orlando, FL	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b> VP/D	<input checked="" type="checkbox"/> Delete
<b>NAME</b> Frances H. Rood	
<b>STREET ADDRESS</b> 1100 Overbrook Dr., Orlando, FL	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b> Anne Wainwright Sec/Treas	<input checked="" type="checkbox"/> Delete
<b>NAME</b> 1304 Black Willow Tr.	
<b>STREET ADDRESS</b> Altamonte, Spgs., FL	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b> P/D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b> Nancy R. Johnson	
<b>STREET ADDRESS</b> Alabama Drive	
<b>CITY-ST-ZIP</b> Winter Park, FL 32808	
<b>TITLE</b> Sec/Treas.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b> Sally Phillips	
<b>STREET ADDRESS</b> Battle Creek Dr.	
<b>CITY-ST-ZIP</b> Atlanta, GA	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

**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:** *Nancy R. Johnson*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**04-19-00 (407-423-7911)**  
 Date Daytime Phone #

CR2E034 (9/99)