

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 552426

1. Entity Name  
**SIEGFRIED, INC.**

**FILED**  
**Feb 20, 2001 8:00 am**  
**Secretary of State**

02-20-2001 90033 019 \*\*\*150.00

Principal Place of Business <b>2600 E ROBINSON ST. ORLANDO FL 32803 US</b>	Mailing Address <b>2600 E ROBINSON ST. ORLANDO FL 32803 US</b>
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**624682**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number <b>59-1786277</b>	Applied For <input type="checkbox"/> Not Applicable
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6. Name and Address of Current Registered Agent

**SIEGFRIED, JEAN E.  
2600 E. ROBINSON ST.  
ORLANDO FL 32803**

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 \_\_\_\_\_ (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. <input type="checkbox"/> (See criteria on back)	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS

TITLE <b>VS</b>	<input type="checkbox"/> Delete
NAME <b>SIEGFRIED, STEVEN C.</b>	
STREET ADDRESS <b>1819 STONEHURST ROAD</b>	
CITY-ST-ZIP <b>WINTER PARK FL</b>	
TITLE <b>PDT</b>	<input type="checkbox"/> Delete
NAME <b>SIEGFRIED, JEAN</b>	
STREET ADDRESS <b>1321 SUFFOLK RD</b>	
CITY-ST-ZIP <b>WINTER PARK FL</b>	
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	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS <b>1048 N. Kentucky</b>	
CITY-ST-ZIP <b>Winter Park FL 32789</b>	
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP <b>32789</b>	
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	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Jean E. Siegfried* **JEAN E. SIEGFRIED** 2/10/01 407-894-2521

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)