

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2002 8:00 am
Secretary of State

03-06-2002 90098 007 ****61.25

DOCUMENT # 723352

1. Entity Name

MAITLAND SQUARE ASSOCIATION, INC

Principal Place of Business

%CENTURY 21 CARTHEN REALTY INC.
 2471 ALOMA AVE.
 WINTER PARK FL 32792
 US

Mailing Address

%CENTURY 21 CARTHEN REALTY INC.
 2471 ALOMA AVE.
 WINTER PARK FL 32792
 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

59-1531895

Applied For

Not Applicable

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

BRADFORD, CARTER
512 E WASHINGTON STREET
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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
 NAME **COLE, BEN**
 STREET ADDRESS **331 N MAITLAND AVE C-3**
 CITY-ST-ZIP **MAITLAND FL**

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

TITLE **PD** ☐ Delete
 NAME **APPELBAUM, DICK**
 STREET ADDRESS **331 N MAITLAND AVE D-7**
 CITY-ST-ZIP **MAITLAND FL**

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

TITLE **VD** ☐ Delete
 NAME **WILSON, GRAY**
 STREET ADDRESS **331 N. MAITLAND AVE D-4**
 CITY-ST-ZIP **MAITLAND FL**

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

TITLE **D** ☒ Delete
 NAME **BARNES, THOMAS**
 STREET ADDRESS **331 N MAITLAND AVE, SUITE D-3**
 CITY-ST-ZIP **MAITLAND FL**

TITLE **D** ☒ Change ☐ Addition
 NAME **BLAKE, THOMAS**
 STREET ADDRESS **331 N MAITLAND AVE., SUITE A-2**
 CITY-ST-ZIP **MAITLAND, FL 32792**

TITLE **TD** ☐ Delete
 NAME **COVELL, FRANK**
 STREET ADDRESS **331 N MAITLAND AVE B-1**
 CITY-ST-ZIP **MAITLAND FL**

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

TITLE **D** ☐ Delete
 NAME **AYA, EDGAR**
 STREET ADDRESS **331 N. MAITLAND AVE. D-8**
 CITY-ST-ZIP **MAITLAND FL**

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 REQUIRED

2/24/02 407-628-8484

CR2E037 (9/01)