

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 730185

1. Entity Name

ETA PI HOUSE, INC.

FILED
Mar 27, 2000 8:00 am
Secretary of State

03-27-2000 90073 021 ****61.25

Principal Place of Business

Mailing Address

PO BOX 1171
ORLANDO FL 32802
US

4638 S KIRKMAN RD
ORLANDO FL 32811-2833
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-6549155

Applied For

Not Applicable

Zip

Country

Zip

Country

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

SWARTSEL, VERNON
255 S. ORANGE AVE.
STE 1600
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 P ☐ Delete
NAME FIDELIO ALAN B
STREET ADDRESS 7912 BRIDGESTONE DR
CITY-ST-ZIP ORLANDO FL 32835

TITLE S ☐ Delete
NAME HARTMAN, JOE G
STREET ADDRESS 4638 S KIRKMAN RD
CITY-ST-ZIP ORLANDO FL

TITLE D ☒ Delete
NAME CABLE, P
STREET ADDRESS 528 KELLY GREEN DR
CITY-ST-ZIP ORLANDO FL

TITLE D ☐ Delete
NAME DIXON, ROBERT
STREET ADDRESS 1142 PHEASANT CIR
CITY-ST-ZIP WINTER SPRINGS FL

TITLE D ☒ Delete
NAME MELNICK, TIM
STREET ADDRESS 2012 WILLOW LAUREN LN
CITY-ST-ZIP WINDERMERE FL 34786

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Change ☐ Addition
NAME Newton, David
STREET ADDRESS P.O. Box 547635
CITY-ST-ZIP Orlando, FL 32854

TITLE D ☐ Change ☐ Addition
NAME Rankin, John
STREET ADDRESS 10 Horseman Lane
CITY-ST-ZIP Longwood, FL 32750

TITLE D ☐ Change ☐ Addition
NAME HASSON, DANAN
STREET ADDRESS 10436 Glassborough Dr
CITY-ST-ZIP Orlando, FL 32825

TITLE D ☐ Change ☐ Addition
NAME Feuerstein, James
STREET ADDRESS P.O. Box 533
CITY-ST-ZIP Mt. Dora, FL 32765

TITLE D ☐ Change ☐ Addition
NAME Shoary, Tor
STREET ADDRESS 6825 Scythe Ave
CITY-ST-ZIP Orlando, FL 32812

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-21-00 (407) 298-2700

Date

Daytime Phone #

CR2E037 (9/99)