

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 748092

1. Entity Name

ALTAMONTE SPRINGS LORELEIS, INC.

Principal Place of Business

325 MONTICELLO DRIVE
ALTAMONTE SPRINGS FL 32701-6211

Mailing Address

325 MONTICELLO DRIVE
ALTAMONTE SPRINGS FL 32701-6211

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

59-2307356

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

ROSE, MARY
325 MONTICELLO DRIVE
ALTAMONTE SPRINGS FL 32701

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 PD
NAME CHASE, MARIAN
STREET ADDRESS 813 SUWANNE CR
CITY-ST-ZIP MAITLAND FL 32751 ☒ Delete

TITLE PD
NAME SHERYL CHONG
STREET ADDRESS 3422 ROYAL ASCOT RUN
CITY-ST-ZIP GOTH, FL 34734-5116 ☒ Change ☐ Addition

TITLE D
NAME ROSE, MARY
STREET ADDRESS 325 MONTICELLO DR
CITY-ST-ZIP ALTAMONTE SPRGS FL ☐ Delete

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

TITLE TD
NAME FREULER, PETER
STREET ADDRESS 1304 HIGHLAND CIRCLE
CITY-ST-ZIP KISSIMMEE FL ☐ Delete

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

TITLE S
NAME DOHRA, GAIL
STREET ADDRESS 675 TEAK DRIVE
CITY-ST-ZIP MELBOURNE FL 32935 ☐ Delete

TITLE S
NAME MERCEDES WEINZ
STREET ADDRESS 10753 WILDERNESS CT
CITY-ST-ZIP ORLANDO, FL #@ 32821 ☒ Change ☐ Addition

TITLE VP
NAME BONNETT, BRUCE
STREET ADDRESS 11129 PADDINGTON
CITY-ST-ZIP ORLANDO FL 32337 ☐ Delete

TITLE VP
NAME RUE JORDAN
STREET ADDRESS 9920 SHADRACK CT
CITY-ST-ZIP ORLANDO, FL 32817 ☒ Change ☐ Addition

TITLE S
NAME KIMBLE, LORI
STREET ADDRESS 531 PALM DR.
CITY-ST-ZIP WINTER GARDEN FL 34787 ☐ Delete

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

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:

MARY ROSE ROSE 4/18/01 407-339-0380

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)

FILED
Apr 28, 2001 8:00 am
Secretary of State

04-28-2001 90005 027 ****61.25



DO NOT WRITE IN THIS SPACE