

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 748092

1. Entity Name

ALTAMONTE SPRINGS LORELEIS, INC.

Principal Place of Business

Mailing Address

325 MONTICELLO DRIVE  
ALTAMONTE SPRINGS FL 32701-6211

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	<input type="checkbox"/> Delete
NAME	CHONG, SHERYL	
STREET ADDRESS	3422 ROYAL ASCOT RUN	
CITY-ST-ZIP	GOTHA FL 34734-5116	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROSE, MARY	
STREET ADDRESS	325 MONTICELLO DR	
CITY-ST-ZIP	ALTAMONTE SPRGS FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	FREULER, PETER	
STREET ADDRESS	1304 HIGHLAND CIRCLE	
CITY-ST-ZIP	KISSIMEE FL	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	WEINZ, MERCEDES	
STREET ADDRESS	10753 WILDERNESS CT	
CITY-ST-ZIP	ORLANDO FL 32821	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	RUE, JORDAN	
STREET ADDRESS	9920 SHADRACK CT	
CITY-ST-ZIP	ORLANDO FL 32817	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	KIMBLE, LORI	
STREET ADDRESS	531 PALM DR.	
CITY-ST-ZIP	WINTER GARDEN FL 34787	

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		
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEBRA POSGAI	
STREET ADDRESS	9423 WESTOVER ROBERTS ROAD	
CITY-ST-ZIP	WINDERMERE, FL 34786	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHRISTINE URANAKA	
STREET ADDRESS	9320 WOODBREEZE BLVD	
CITY-ST-ZIP	WINDERMERE, FL 34786	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Mary Rose* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED  
Apr 10, 2002 8:00 am  
Secretary of State

04-10-2002 90756 004 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)

4/3/02

407-339-0380