

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90198 003 *****61.25

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Delete
NAME **CHONG, SHERYL**
STREET ADDRESS **3422 ROYAL ASCOT RUN**
CITY-ST-ZIP **GOTHA FL 34734-5116**

TITLE **PD** ☒ Change ☐ Addition
NAME **DEBRA POSSAI**
STREET ADDRESS **9423 WESTOVER ROBERTS ROAD**
CITY-ST-ZIP **WINDERMERE, FL 32835**

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

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

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

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

TITLE **S** ☐ Delete
NAME **POSGAI, DEBRA**
STREET ADDRESS **9423 WESTOVER ROBERTS ROAD**
CITY-ST-ZIP **WINDERMERE FL 34786**

TITLE **S** ☒ Change ☐ Addition
NAME **ALANA RIPPERS**
STREET ADDRESS **4446 WINDERMERE CIRCLE**
CITY-ST-ZIP **ORLANDO, FL 32835**

TITLE **VP** ☒ Delete
NAME **URANAKA, CHRISTINE**
STREET ADDRESS **9320 WOODBREEZE BLVD**
CITY-ST-ZIP **WINDERMERE FL 34786**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 MARY ROSE**

3/25/03 407-339-0380

CR2E037 (10/02)