

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 19, 2002 8:00 am
Secretary of State

03-19-2002 90003 005 ****70.00

DOCUMENT # 763472

1. Entity Name

THE PEACHTREE BUILDING CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

425 W. COLONIAL DR
 SUITE 301
 ORLANDO FL 32804

425 W. COLONIAL DR
 SUITE 301
 ORLANDO FL 32804

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

59-2998306

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

ANDERSON, FRANK N JR
425 W. COLONIAL DR
SUITE 301
ORLANDO FL 32804

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

Frank N. Anderson, Jr.

(NOTE: Registered Agent signature required when reinstating)

2-5-02

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 **DP** ☒ Delete
 NAME **SANJURJO, RALPH**
 STREET ADDRESS **425 W COLONIAL DR #304**
 CITY-ST-ZIP **ORLANDO FL 32804**

TITLE **DV** ☐ Delete
 NAME **JONES, AUSTIN**
 STREET ADDRESS **425 W COLONIAL DR #103**
 CITY-ST-ZIP **ORLANDO FL 32804**

TITLE **DS** ☒ Delete
 NAME **WILEN, ZELLA**
 STREET ADDRESS **P.O. BOX 730184**
 CITY-ST-ZIP **ORMOND BEACH FL 32173**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **Director - President** ☐ Change ☒ Addition
 NAME **Frank N. Anderson Jr.**
 STREET ADDRESS **425 W. Colonial Dr #301**
 CITY-ST-ZIP **Orlando, FL 32804**

TITLE **Director - Secretary** ☐ Change ☒ Addition
 NAME **Caryl McAlpin**
 STREET ADDRESS **425 W. Colonial Dr. #201**
 CITY-ST-ZIP **Orlando, FL 32804**

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

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

TITLE ☐ Change ☐ Addition
 NAME
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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Frank N. Anderson, Jr.

Date

Daytime Phone #

(407) 425-0330

2-5-02

CR2E037 (9/01)