

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 764457

1. Entity Name

KINGSTON COURT CONDOMINIUM ASSOCIATION, INC.

End. 7/12  
P

**FILED**  
**Aug 16, 2000 8:00 am**  
**Secretary of State**

08-16-2000 90009 011 \*\*\*\*61.25

Principal Place of Business

100-102 KINGSTON COURT  
ORLANDO FL 32810  
US

Mailing Address

PO BOX 2847  
ORLANDO FL 32802-2847  
US

2. Principal Place of Business

100-102 Kingston Court

3. Mailing Address

PO Box 2847

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Orlando, FL

City & State

Orlando, FL

4. FEI Number

59-2419143

Applied For

Not Applicable

Zip

32810

Country

Zip

32802-2847

Country

USA

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

ALLEN, THOMAS R  
105 EAST ROBINSON  
SUITE 201  
ORLANDO FL 32801

7. Name and Address of New Registered Agent

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**  
**After September 13, 2000 min. will be \$236.25**

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	WILLIAMS, LEONARD E	
STREET ADDRESS	2518 NORFOLK ROAD	
CITY-ST-ZIP	ORLANDO FL 32803	
TITLE	D	<input type="checkbox"/> Delete
NAME	WILLIAMS, JOHN A	
STREET ADDRESS	1100 MUNSTER	
CITY-ST-ZIP	ORLANDO FL 32803	
TITLE	D	<input type="checkbox"/> Delete
NAME	ALLEN, THOMAS R	
STREET ADDRESS	105 E. ROBINSON, SUITE 201	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	<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	

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:

*JOSEPH A. COATS, JR.* **JOSEPH A. COATS, JR.** **Treasurer** **7-31-00**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/00)