

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A98000000415**

1. Entity Name

GROUP 142 ORLANDO, LTD.

141.25

Principal Place of Business  
28 WEST CENTRAL BLVD.  
ORLANDO FL 32801

Mailing Address  
~~28 WEST CENTRAL BLVD.~~  
~~ORLANDO FL 32801-2486~~

2. Principal Place of Business

3. Mailing Address

312 WING LANE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

WINTER PARK FL

Zip

Country

Zip

32789

Country

4. FEI Number

59-3502245

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

WILLIAMS, WARREN E  
28 WEST CENTRAL BLVD.  
ORLANDO FL 32801

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

9. Capital Contributions  
as Shown on record.

\$100.00

10. Amount of Capital Contributions  
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**  
**NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # P92000007011  
NAME RMA CONSTRUCTION, INC.  
STREET ADDRESS 28 WEST CENTRAL BLVD.  
CITY - ST - ZIP ORLANDO FL 32801

STREET ADDRESS

312 WING LANE

CITY - ST - ZIP

WINTER PARK, FL 32789

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

100003283961-4

-06/12/00-01005-008

\*\*\*\*141.25 \*\*\*\*141.25

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

**FILED**  
**May 02, 2000 8:00 am**  
**Secretary of State**



DO NOT WRITE IN THIS SPACE

000000000000

00