

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F42374

1. Entity Name

ISLAND ONE, INC.

**FILED**  
**May 23, 2000 8:00 am**  
**Secretary of State**

05-23-2000 90229 044 \*\*\*158.75

Principal Place of Business

2345 SAND LAKE RD  
STE 100  
ORLANDO FL 32809

Mailing Address

2345 SAND LAKE RD  
STE 100  
ORLANDO FL 32809-9120

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-2161490

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

KORSHAK, STEPHEN D  
2345 SAND LAKE ROAD  
STE 100  
ORLANDO FL 32809

Name

Korshak, Stephen D.

Street Address (P.O. Box Number is Not Acceptable)

2345 Sand Lake Road, Suite 120

City

Orlando

FL

Zip Code  
32809

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. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
NAME LINDEN, DEBORAH L  
STREET ADDRESS 2345 SAND LAKE RD STE 100  
CITY-ST-ZIP ORLANDO FL 32809 ☐ Delete

TITLE CEO  
NAME Linden, Deborah, L.  
STREET ADDRESS 2345 Sand Lake Road, Suite 100  
CITY-ST-ZIP Orlando, FL 32809 ☒ Change ☐ Addition

TITLE SD  
NAME ERFURTH, CARY J  
STREET ADDRESS 2345 SAND LAKE RD STE 100  
CITY-ST-ZIP ORLANDO FL 32809 ☐ Delete

TITLE VP/S/D  
NAME Erfurth, Cary J.  
STREET ADDRESS 2345 Sand Lake Road, Suite 100  
CITY-ST-ZIP Orlando, FL 32809 ☒ Change ☐ Addition

TITLE V  
NAME OGDEN, NANCY L  
STREET ADDRESS 2345 SAND LAKE RD STE 100  
CITY-ST-ZIP ORLANDO FL 32809 ☐ Delete

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

TITLE V  
NAME HOLBROOK, KAREN  
STREET ADDRESS 2345 SAND LAKE RD STE 100  
CITY-ST-ZIP ORLANDO FL 32809 ☐ Delete

TITLE T  
NAME Holbrook, Karen  
STREET ADDRESS 2345 Sand Lake Road, Suite 100  
CITY-ST-ZIP Orlando, FL 32809 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE P/D  
NAME Webb, Robert J.  
STREET ADDRESS 2345 Sand Lake Road, Suite 100  
CITY-ST-ZIP Orlando, FL 32809 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE D  
NAME Zimand, Art  
STREET ADDRESS 2345 Sand Lake Road, Suite 100  
CITY-ST-ZIP Orlando, FL 32809 ☐ Change ☒ Addition

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Deborah L Linden  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/2000

(407) 859-8900

Date

Daytime Phone #

CR2E034 (9/99)