

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F96000003149**

1. Entity Name

ORLANDON/AVALON, INC.**FILED****Mar 28, 2000 8:00 am**
Secretary of State

03-28-2000 90074 043 ***150.00

Principal Place of Business

Mailing Address

%DRUCKER & FALK
7200 STONEHENGE DR #211
RALEIGH NC 27613**%DRUCKER & FALK**
7200 STONEHENGE DR #211
RALEIGH NC 27613-1620

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

9286 Warwick Blvd.

Suite, Apt. #, etc.

City & State

City & State
Newport News, VA

4. FEI Number

56-1978243

Applied For

Not Applicable

Zip

Country

Zip

Country

236075. 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

HUNTER, DANIEL M
243 W PARK AVE #101
WINTER PARK FL 32789

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. 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 State10. 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
NAME
STREET ADDRESS
CITY-ST-ZIP
DCPT
FALK, DAVID C SR
7200 STONEHENGE DR #211
RALEIGH NC 27613 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
MUNICK, JR JOHN A
9286 WARWICK BLVD
NEWPORT NEWS VA 23607 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
STOVALL, BOBBY
7200 STONEHENGE DR #211
RALEIGH NC 27613 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
MUNICK, JR J
9286 WARWICK BLVD
NEWPORT NEWS VA 23607 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John A. Munick, Jr

Date

157**928-6201**

Daytime Phone #