

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G51374

1. Entity Name

PRIMARY PROPERTY MANAGEMENT, INC.

Principal Place of Business

1115 E. LIVINGSTON
ORLANDO FL 32803

Mailing Address

1115 E. LIVINGSTON
ORLANDO FL 32803

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 59-2325175

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

HOPE STRONG III
200 W WELBOURNE AVE
WINTER PARK FL 32790

Name: Robert F. Vason, Jr., P.A.

Street Address (P.O. Box Number is Not Acceptable)
501 EAST FIFTH AVENUE

City MOUNT DORA FL Zip Code 32756

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]*
Signature, typed or printed name of registered agent and date if applicable.

Robert F VASON JR

2/12/01
DATE

(NOTE: Registered Agent signature required when reinstating)

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, 2001 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 D ☐ Delete
NAME WISE, KAREN P
STREET ADDRESS 136 OAKDALE ST
CITY-ST-ZIP WINDEMERE FL

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

TITLE D ☐ Delete
NAME LEARY, TAMRA
STREET ADDRESS 1100 PALMER AVE
CITY-ST-ZIP WINTER PARK FL

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

TITLE D ☐ Delete
NAME LEARY, WILLIAM N
STREET ADDRESS 1100 PALMER AVE
CITY-ST-ZIP WINTER PARK FL

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WILLIAM N LEARY

2/13/01 (407) 841-1115
Date Daytime Phone #

FILED
Feb 20, 2001 8:00 am
Secretary of State

02-20-2001 90059 024 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)