

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H69854

1. Entity Name

TRADING POST OF CENTRAL FLORIDA, INC.

Principal Place of Business

672 N SAMORAN BLVD  
STE 301  
ORLANDO FL 32807

Mailing Address

672 N SAMORAN BLVD  
STE 301  
ORLANDO FL 32807

2. Principal Place of Business

672 N. SEMORAN BLVD.

Suite, Apt. #, etc.

301

City & State

ORLANDO, FL

Zip

32807

Country

USA

3. Mailing Address

672 N. SEMORAN BLVD.

Suite, Apt. #, etc.

301

City & State

ORLANDO, FL

Zip

32807

Country

USA

6. Name and Address of Current Registered Agent

LOWERY, MARY  
966 SCANDIA LANE  
UNION PARK FL 32825

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

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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

TITLE	S	<input type="checkbox"/> Delete
NAME	LOWERY, MARY	
STREET ADDRESS	966 SCANDIA LN	
CITY-ST-ZIP	UNION PK FL 32825	
TITLE	P	<input type="checkbox"/> Delete
NAME	ERICSON, ROBERT S	
STREET ADDRESS	1352 PALM AVE	
CITY-ST-ZIP	WINTER PARK FL 32989	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	32789
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	

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:

Robert S. Ericson

7-12-00

409-275-9300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Jul 19, 2000 8:00 am  
Secretary of State

07-19-2000 90012 036 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2558378

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**

CR2E034 (5/00)