

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H83217

1. Entity Name

T.L.C. INVESTMENTS, INC.

FILED
Apr 23, 2000 8:00 am
Secretary of State

04-23-2000 90052 020 ***150.00

Principal Place of Business

390 N. ORANGE AVENUE
SUITE 2500
ORLANDO FL 32801

Mailing Address

390 N. ORANGE AVENUE
SUITE 2500
ORLANDO FL 32801-1683

2. Principal Place of Business

254 DRIGGS DRIVE
Suite, Apt. #, etc.

3. Mailing Address

P.O. BOX 4249
Suite, Apt. #, etc.

City & State

WINTER PARK, FL

City & State

WINTER PARK, FL

Zip

32792

Country

USA

Zip

32793

Country

USA

4. FEI Number

59-2607404

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

SALLEY, STEPHEN G ESQ.
390 N. ORANGE AVENUE
SUITE 2500
ORLANDO FL 32801

Name

B&C CORPORATE SERVICES CENTRAL FL, INC.

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

390 N. ORANGE AVE

SUITE 1100

City
ORLANDO

FL

Zip Code
32801

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 applicable Agent signature required when reinstating)

Anthony W. Palma, Vice President

4/13/00
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 **P** ☐ Delete
NAME **BRYAN, GAYNELL**
STREET ADDRESS **254 DRIGGS DR.**
CITY-ST-ZIP **WINTER PARK FL 32793**

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

TITLE **D** ☐ Delete
NAME **BRYAN, GAYNELL**
STREET ADDRESS **254 DRIGGS DR**
CITY-ST-ZIP **WINTER PARK FL**

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

TITLE **VS** ☐ Delete
NAME **SCHMIDT, CHERYL**
STREET ADDRESS **254 DRIGGS DR**
CITY-ST-ZIP **WINTER PARK FL 32793**

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

TITLE **VT** ☐ Delete
NAME **MASON, BETTY**
STREET ADDRESS **254 DRIGGS DR**
CITY-ST-ZIP **WINTER PARK FL 32793**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Cheryl Schmidt
Cheryl Schmidt

Date

4/14/2000

Daytime Phone #

407-678-6000

CR2E034 (9/99)