

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J61649

1. Entity Name

EDGEWATER NORTH LOT TWO DEVELOPERS, INC.

FILED
Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90141 005 ***150.00

Principal Place of Business

Mailing Address

5401 S. KIRKMAN RD.
SUITE 515
ORLANDO FL 32819

5401 S. KIRKMAN RD.
SUITE 515
ORLANDO FL 32811-7177

704146

2. Principal Place of Business

4305 VINELAND RD.

3. Mailing Address

← SAME

Suite, Apt. #, etc.

SUITE G15A

Suite, Apt. #, etc.

City & State

ORLANDO, FL

City & State

4. FEI Number

59-2782004

Applied For

Not Applicable

Zip

32811

Country

USA

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

ROHDIE, ROBERT C

~~5401 S. KIRKMAN RD.~~
~~SUITE 515~~
~~ORLANDO FL 32819~~

Name

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

4305 VINELAND RD. SUITE G15A

City

ORLANDO

FL

Zip Code

32811

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	D	<input type="checkbox"/> Delete
NAME	GINSBURG, ALAN H.	
STREET ADDRESS	2200 LUCIEN WAY, #450	
CITY-ST-ZIP	MAITLAND FL 32751	
TITLE	PD	<input type="checkbox"/> Delete
NAME	ROHDIE, ROBERT C.	
STREET ADDRESS	5401 S. KIRKMAN RD. STE. 515	
CITY-ST-ZIP	ORLANDO FL 32819	
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		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1551 SANDSPUR RD.	
CITY-ST-ZIP	MAITLAND, FL 32751	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	4305 VINELAND RD. SUITE G15A	
CITY-ST-ZIP	ORLANDO, FL 32811	
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 supplement 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 address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT C. ROHDIE

Date

Daytime Phone #

1/11/00

407-650-1958

CR2E034 (9/99)