

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J63072

1. Entity Name

BLAKER INVESTMENT COMPANY

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90154 019 ***158.75

Principal Place of Business

222 W COMSTOCK AVE
SUITE 200
WINTER PARK FL 32789
US

Mailing Address

P.O. BOX 2231
WINTER PARK FL 32790-2231
US

2. Principal Place of Business

250 Park Avenue South

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 600

City & State

Winter Park, FL

City & State

Zip

Zip

Country

US

Country

4. FEI Number

59-2777078

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

POOLE, MICHAEL W.
222 W COMSTOCK AVE
SUITE 200
WINTER PARK FL 32789

Name

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

250 Park Avenue South
Suite 600

City

Winter Park

FL

Zip Code

32789

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]

Michael W. Poole President

4/11/00

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 NAME STREET ADDRESS CITY-ST-ZIP | D POOLE, MICHAEL W. 222 W. COMSTOCK AVE, SUITE 200 WINTER PARK FL 32789 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V CARBONE, NICHOLAS JR. 222 W. COMSTOCK AVE, SUITE 200 WINTER PARK FL 32789 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 250 Park Avenue South, Suite 600 Winter Park FL 32789 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 250 Park Avenue South, Suite 600 Winter Park FL 32789 |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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] Michael W. Poole

4/11/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)