

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 23, 2000 8:00 am**  
**Secretary of State**

03-23-2000 90028 003 \*\*\*150.00

**DOCUMENT # J88476**

1. Entity Name

**NORTHGATE PLACE DEVELOPMENT, INC.**

Principal Place of Business

Mailing Address

5401 S. KIRKMAN RD., STE. 515  
 ORLANDO FL 32819

5401 S. KIRKMAN RD., STE. 515  
 ORLANDO FL 32819-7911

00043740



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

**4305 VINELAND RD.**

**4305 VINELAND RD.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**SUITE G15A**

**SUITE G15A**

City & State

City & State

**ORLANDO FL**

**ORLANDO FL**

4. FEI Number

**59-2836402**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required

Zip

Country

Zip

Country

**32811**

**USA**

**32811**

**USA**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ROHDIE, ROBERT C**  
**5401 S. KIRKMAN RD., STE. 515**  
**ORLANDO FL 32819**

Name

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

**4305 VINELAND RD., STE. G15A**

City  
**ORLANDO**

State  
**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  Delete  
 NAME **D GINSBURG, ALAN H**  
 STREET ADDRESS **2200 LUCIEN WAY, STE. 450**  
 CITY-ST-ZIP **MAITLAND FL 32751**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **D ROHDIE, ROBERT C**  
 STREET ADDRESS **5401 S. KIRKMAN RD., STE. 515**  
 CITY-ST-ZIP **ORLANDO FL 32819**

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

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 ROBERT C. ROHDIE**

**1/20/00**

**407-650-1958**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)