

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K76333

1. Entity Name

UNIVERSAL FLORIDA ORGANIZATION, INC.

FILED

Mar 01, 2001 8:00 am
Secretary of State

03-01-2001 91349 040 ***150.00

Principal Place of Business

901E Semoran Blvd
Apopka fl 32703

Mailing Address

733 W. COLONIAL DR
#201
ORLANDO FL 32804
US

2. Principal Place of Business

901E Semoran Blvd

3. Mailing Address

Suite, Apt. #, etc.

City & State

Apopka Fl 32703

City & State

4. FEI Number 59-2954713

Applied For

Not Applicable

Zip

Country

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

BROUMAND, ALEXANDER
733 W COLONIAL DR.
ORLANDO FL 32804

Name

Nancy philipe

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

427 Tarpen Ave

Tarpen Spring

fl 34689

City

FL

Zip Code

34689

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, 2001 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 PS
NAME Nora Schmidt ☐ Delete
STREET ADDRESS P.O. BOX 94
CITY-ST-ZIP Tarpen spring 34688

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

TITLE VP
NAME Nancy Phillipe ☐ Delete
STREET ADDRESS 427 Tarpen Ave
CITY-ST-ZIP ALA Tarpen Spring fl 34688

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

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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:

Nancy Phillipe

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/5/2001
Date

727-939-0850
Daytime Phone #

CR2E034 (10/00)