

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K85184

1. Entity Name

PALLADENO DEVELOPMENT COMPANY

FILED
Jan 28, 2000 8:00 am
Secretary of State

01-28-2000 90097 047 ***158.75

Principal Place of Business

440 W MORSE BLVD
WINTER PARK FL 32789
US

Mailing Address

440 W MORSE BLVD
P.O. BOX 1240
WINTER PARK FL 32789-4206

2. Principal Place of Business

440 W. Morse Blvd.

3. Mailing Address

Same

Suite, Apt. #, etc.

N/A

Suite, Apt. #, etc.

N/A

City & State

WINTER PARK, FLA

City & State

FLA

Zip

Country

32789

U.S.A.

Zip

32789

Country

Same

4. FEI Number

59-2952589

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

PALLADENO, DON
440 W. MORSE BLVD.
WINTER PARK FL 32789

Name

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

City

FL

Zip Code

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

N/A.

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
STREET ADDRESS PALLADENO, MARQUI F.
CITY-ST-ZIP 1800 PINE TREE RD
WINTER PARK FL

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

TITLE ☐ Delete
NAME V
STREET ADDRESS PALLADENO, DON
CITY-ST-ZIP 440 W MORSE BLVD
WINTER PARK FL

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:

DONALD PALLADENO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-13-00 407-647-1149

CR2E034 (9/99)