## 2001 UNIFORM BUSINESS REPORT (UBR)

## Feb 21, 2001 8:00 am Secretary of State DOCUMENT # K8729 27 W. CHURCH STREET, INC. 02-08-2001 90178 018 \*\*\*150.00 Mailing Address Principal Place of Business 503 W. CENTRAL BLVD. 27 W. CHURCH ST. ORLANDO FL 32801 ORLANDO FL 32801 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2960109\_\_ Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MULVANEY, KENNETH A Street Address (P.O. Box Number is Not Acceptable 300 WEST AMERICA STREET ORLANDO FL 32801 City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete NAME MALIE MULVANEY, KENNETH A STREET ADORESS STREET ADDRESS 300 WEST AMERICA STREET CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL Change Addition TITLE Delete TITLE NAME MULVANEY, BRIAN M STREET ADDRESS 300 WEST AMERICA STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL TITLE ☐ Delete Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-2IP CITY-ST-7IP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TETLÉ TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3Xi). 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 of 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 aldress. With all other like empowered.

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

**FILED**