

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2000 8:00 am
Secretary of State

02-21-2000 90030 045 ***150.00

714856



DO NOT WRITE IN THIS SPACE

DOCUMENT # L05950

1. Entity Name

ANGELIA GORDON PROPERTY MANAGEMENT, INC.

Principal Place of Business

Mailing Address

~~4030 DIJON DR~~
ORLANDO FL 32808
 US

~~1030 DIJON DR~~
ORLANDO FL 32772-1088
 US

2. Principal Place of Business

206 ELM AVE

3. Mailing Address

P.O. Box 1088

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SANFORD, FL.

City & State

SANFORD, FL.

4. FEI Number

59-2958331

Applied For

Not Applicable

Zip

Country

32771

USA

Zip

Country

32772-1088

Country

USA

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

J BENNETT GROCOCK PA
126 E JEFFERSON ST
ORLANDO FL 32801

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

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	PSD	<input type="checkbox"/> Delete
NAME	GORDON, ANGELIA L	
STREET ADDRESS	4030 DIJON DRIVE 206 Elm Avenue	
CITY-ST-ZIP	ORLANDO FL 32808 Sanford, FL 32771	
TITLE	VP	<input type="checkbox"/> Delete
NAME	TINKES, CURTIS	
STREET ADDRESS	4030 DIJON DR 206 Elm Avenue	
CITY-ST-ZIP	ORLANDO FL 32808 Sanford, FL 32771	
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/7/2000 407-302-3207