

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L15761

1. Entity Name

FLA PRODUCTIONS, INC.

Principal Place of Business

1239 GLENCREST DR.
HEATHROW FL 32746

Mailing Address

P. O. BOX 950415
LAKE MARY FL 32795-0415

2. Principal Place of Business

3276 LAKEVIEW OAKS DR.

3. Mailing Address

Suite, Apt. #, etc.

City & State

LONGWOOD, FL

City & State

Zip

32779

Country

USA

Country

4. FEI Number

59-2973650

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SANTORO, LINDA
3053 LK GEORGE COVE DR.
ORLANDO FL 32812

7. Name and Address of New Registered Agent

Name

LINDA SANTORO

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

3276 LAKEVIEW OAKS DRIVE

City

LONGWOOD

FL

Zip Code

32779

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

TITLE PD
NAME SANTORO, FRANK
STREET ADDRESS 3053 LK GEORGE COVE DR
CITY-ST-ZIP ORLANDO FL 32812 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE FRANK SANTORO
NAME President ☒ Change ☐ Addition
STREET ADDRESS 3276 LAKEVIEW OAKS DRIVE
CITY-ST-ZIP LONGWOOD, FL 32779

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

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

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

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

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

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

407-333-1221

Daytime Phone #

CR2E034 (9/99)