

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L75686

1. Entity Name

ORLANDO COMMERCIAL REALTY, INC.

**FILED**  
**Jan 19, 2001 8:00 am**  
**Secretary of State**

01-19-2001 90077 013 \*\*\*150.00

Principal Place of Business Mailing Address  
% JOHN T. CHINN % JOHN T. CHINN  
501 E. JACKSON ST. 501 E. JACKSON ST.  
ORLANDO FL 32801 ORLANDO FL 32801

2. Principal Place of Business 3. Mailing Address  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
City & State City & State  
Zip Country Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3016915** ☐ 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  
CHINN, JOHN T. Name  
501 E. JACKSON ST. Street Address (P.O. Box Number is Not Acceptable)  
ORLANDO FL 32801  
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ **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                      | PSD                | <input type="checkbox"/> Delete | TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | CHINN, JOHN T.     |                                 | NAME  |  |   |
| STREET ADDRESS             | 501 E. JACKSON ST. |                                 | STREET ADDRESS  |  |   |
| CITY-ST-ZIP                | ORLANDO FL         |                                 | CITY-ST-ZIP   |  |   |
| TITLE                      |                    | <input type="checkbox"/> Delete | TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                    |                                 | NAME  |  |   |
| STREET ADDRESS             |                    |                                 | STREET ADDRESS  |  |   |
| CITY-ST-ZIP                |                    |                                 | CITY-ST-ZIP   |  |   |
| TITLE                      |                    | <input type="checkbox"/> Delete | TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                    |                                 | NAME  |  |   |
| STREET ADDRESS             |                    |                                 | STREET ADDRESS  |  |   |
| CITY-ST-ZIP                |                    |                                 | CITY-ST-ZIP   |  |   |
| TITLE                      |                    | <input type="checkbox"/> Delete | TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                    |                                 | NAME  |  |   |
| STREET ADDRESS             |                    |                                 | STREET ADDRESS  |  |   |
| CITY-ST-ZIP                |                    |                                 | CITY-ST-ZIP   |  |   |
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| NAME                       |                    |                                 | NAME  |  |   |
| STREET ADDRESS             |                    |                                 | STREET ADDRESS  |  |   |
| CITY-ST-ZIP                |                    |                                 | 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: JOHN T. CHINN 01-08-2001 407 648-2244  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0060064

CR2E034 (10/00)