

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 10, 2001 8:00 am
Secretary of State

07-10-2001 90121 030 ***558.75

DOCUMENT # *M19632*

1. Entity Name
CENTURY THREE ORLANDO FLORIDA, INC.

Principal Place of Business <i>20803 BISCAYNE BLVD.</i> <i>STE 200</i> <i>AVENTURA FL 33180</i> <i>US</i>	Mailing Address <i>20803 BISCAYNE BLVD.</i> <i>STE 200</i> <i>AVENTURA FL 33180-1419</i> <i>US</i>
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2. Principal Place of Business <i>2000 UNIVERSAL STUDIOS PLAZA</i> Suite, Apt. #, etc.	3. Mailing Address <i>2000 UNIVERSAL STUDIOS PLAZA</i> Suite, Apt. #, etc.
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City & State <i>ORLANDO, FL.</i>	City & State <i>ORLANDO, FL.</i>
Zip <i>32819</i>	Country <i>US</i>
Zip <i>32819</i>	Country <i>US</i>

4. FEI Number
59-2578336

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
KORN, GARY A.
20803 BISCAYNE BLVD.
STE 200
AVENTURA, FL. 33180

7. Name and Address of New Registered Agent

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) ☐

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 <i>PDT</i>	NAME <i>CIBELLA, ROSS M</i>	TITLE <i>PDT</i>	NAME <i>CIBELLA, ROSS M</i>
STREET ADDRESS <i>9339 CYPRESS COVE DRIVE</i>	CITY-ST-ZIP <i>ORLANDO FL.</i>	STREET ADDRESS <i>9339 CYPRESS COVE DRIVE</i>	CITY-ST-ZIP <i>ORLANDO FL.</i>
TITLE <i>VSD</i>	NAME <i>CIBELLA, PATRICIA</i>	TITLE <i>VSD</i>	NAME <i>CIBELLA, PATRICIA</i>
STREET ADDRESS <i>9339 CYPRESS COVE DRIVE</i>	CITY-ST-ZIP <i>ORLANDO FL.</i>	STREET ADDRESS <i>9339 CYPRESS COVE DRIVE</i>	CITY-ST-ZIP <i>ORLANDO FL.</i>
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	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]* **2-6-01** **467-354-1000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (11/00)