

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 25, 2002 8:00 am**  
**Secretary of State**

03-25-2002 90084 043 \*\*\*150.00

**DOCUMENT # M85804**

**1. Entity Name**  
**COOPREE, INC.**

**Principal Place of Business**  
 C/O J. FENIMORE COOPER, JR.  
 17 SOUTH MAGNOLIA AVENUE  
 ORLANDO FL 32801

**Mailing Address**  
 C/O J. FENIMORE COOPER, JR.  
 17 SOUTH MAGNOLIA AVENUE  
 ORLANDO FL 32801



DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business**

**3. Mailing Address**

~~1820 Rock Springs Rd~~ **COOPREE INC**

~~1820 Rock Springs Rd~~ **COOPREE INC**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**1820 Rock Springs Rd**

**1820 Rock Springs Rd**

City & State

City & State

**APOPKA FL**

**APOPKA FL**

Zip

Country

Zip

Country

**32712**

**ORANGE**

**32712**

**ORANGE**

**4. FEI Number** **59-2899958**

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**

**COOPER, J F JR**  
**1820 ROCK SPRINGS RD**  
**APOPKA FL 32712**

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, 2002 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**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
**VSTD**  
**COOPER, J F JR**  
**1821 ROCK SPRINGS RD**  
**APOPKA FL 32712**

☐ Delete

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
**1820 Rock Springs Rd**

☒ Change ☐ Addition

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
**DP**  
**REECE, WAYNE P**  
**561 VIRGINIA DR**  
**WINTER PARK FL 32789**

☐ Delete

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

☐ Change ☐ Addition

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☐ Delete

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**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

**3/11/02 4074234014**

Date

Daytime Phone #

CR2E034 (9/01)