

**2001 UNIFORM BUSINESS REPORT (UBR)**

2/8

**FILED**  
**Mar 07, 2001 8:00 am**  
**Secretary of State**

02-08-2001 90022 033 \*\*\*\*61.25

**DOCUMENT # N00000004439**

1. Entity Name

**DOWNTOWN ORLANDO 2000, INC.**

Principal Place of Business

**720 RUGBY STREET  
SUITE 200  
ORLANDO FL 32802-4920**

Mailing Address

**720 RUGBY STREET  
SUITE 200  
ORLANDO FL 32802-4920**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**59-3670424**

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

**MANOR, TIMOTHY J  
215 N. EOLA DRIVE  
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

**FILE NOW:  
FEE IS \$61.25**9. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00 May Be  
Added to Fees****Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>SENEFF, JAMES M JR.</b>	
STREET ADDRESS	<b>CNL CENTER AT CITY COMMONS 450 S ORANGE AV</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32803-3336</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>VEERMAN, RALPH</b>	
STREET ADDRESS	<b>CNL CENTER AT CITY COMMONS 450 S ORANGE AV</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32803-3336</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>DALTON, ROY B JR.</b>	
STREET ADDRESS	<b>720 RUGBY STREET, SUITE 200</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32804</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE OF REGISTERED AGENT: RALPH D. VEERMAN**

Date

**1/29/01**

Daytime Phone #

**(407) 650-1061**

CR2E037 (10/00)