

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0013480

DOCUMENT # N00000004775

1. Entity Name

EXPRESSWAY PD OWNERS ASSOCIATION, INC.



FILED

03 APR 25 AM 8:27

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business

301 E PINE ST. STE 1400
ORLANDO FL 32802

Mailing Address

301 E PINE ST. STE 1400
ORLANDO FL 32802

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

32806

32806

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3747170

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

WRIGHT, MICHAEL E
301 E PINE ST, STE 1400
ORLANDO FL 32802

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DP ☐ Delete
NAME WRIGHT, MICHAEL E
STREET ADDRESS 301 E PINE ST, STE 1400
CITY-ST-ZIP ORLANDO FL 32802

TITLE ☒ Change ☐ Addition
NAME 1600 Pine Bluff Ave.
STREET ADDRESS 32806
CITY-ST-ZIP

TITLE D ☐ Delete
NAME PERTREE, MICHAEL
STREET ADDRESS 845 SUNSHINE LN
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714

TITLE ☐ Change ☐ Addition
NAME 400018463404
STREET ADDRESS 05/07/03--01090--019 **737.50
CITY-ST-ZIP

TITLE D ☐ Delete
NAME CLARK, JAMES C
STREET ADDRESS 400 N. ASHLEY DR., 8TH FLOOR
CITY-ST-ZIP TAMPA FL 33602

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 REQUIRED

CR2E037 (10/02)