

8/16/01-90006-004-\$61.25-\$61.25

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N00000008511**

1. Entity Name

CENTRAL FLORIDA ETHIOPIAN COMMUNITY ASSOCIATION.

Principal Place of Business

13701 STATE ROAD 535
ORLANDO FL 32821

Mailing Address

13701 STATE ROAD 535
ORLANDO FL 32821

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

☒ Applied For
☐ Not Applicable5. 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

**BRUMER, BARRY N
5728 MAJOR BLVD.
SUITE 311
ORLANDO FL 32819**

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
After September 12, 2001, min. will be \$236.25**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 **D** ☐ Delete
NAME **SCHIBABAW, WAYU**
STREET ADDRESS **13701 STATE ROAD 535**
CITY-ST-ZIP **ORLANDO FL 32821**TITLE **D** ☐ Delete
NAME **TSEHAYU, BELACHEW**
STREET ADDRESS **1158 B. REDMAN ST.**
CITY-ST-ZIP **ORLANDO FL 32839**TITLE **D** ☐ Delete
NAME **TADESSE, GETACHEW**
STREET ADDRESS **800 POPLARWOOD LANE**
CITY-ST-ZIP **KISSIMMEE FL 34743**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/13/01

Date

Daytime Phone #

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 SEP 25 PM 1:32

A0081647

DO NOT WRITE IN THIS SPACE

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CR2E037 (5/01)

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT #** LLP000001143

1. Entity Name

ORANGE MANOR EAST MOBILE HOME PARK

Principal Place of Business Address

Mailing Address

2. Principal Place of Business Address

401 S. OLD WOODWARD

Suite, Apt. #, etc.

STE 470

City & State

BIRMINGHAM MI

Zip

48009

Country

3. Mailing Address

401 S. OLD WOODWARD

Suite, Apt. #, etc.

STE 470

City & State

BIRMINGHAM MI

Zip

15009

Country

4. FEI Number

38-2631489

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KEGAN, HAROLD
211 SOUTH GADSDEN
TALLAHASSEE FL 32301

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.

DATE

FILE NOW!!!**FEE IS \$25.00****Report Due By May 1, 2001**

LLP010001416--4

-08/28/01--01067--003

*****25.00

FOR OFFICE USE ONLY

9. The execution of this report as a partner constitutes an affirmation under the penalties of perjury that the facts stated herein are true.