

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 20, 2002 8:00 am
Secretary of State

08-20-2002 90125 014 ****61.25

DOCUMENT # N08034

1. Entity Name

WINTER PARK OFFICE PLAZA ASSOCIATION, INC.

Principal Place of Business

**315 N LAKEMONT AVE
WINTER PARK FL 32792
US**

Mailing Address

**315 N LAKEMONT AVE
SUITE B
WINTER PARK FL 32792
US**

2. Principal Place of Business

3. Mailing Address

2740 Lake Howell Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Winter Park, FL

4. FEI Number

59-2565103

Applied For
Not Applicable

Zip

Country

Zip

Country

32792

USA

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

**CABREIRA, ANTONIO P. M.D.
315 N LAKEMONT STE B
WINTER PARK FL 32792**

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

**After September 13, 2002,
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 **PD** ☐ Delete
NAME **CABREIRA, ANTONIO P.**
STREET ADDRESS **2740 LAKE HOWELL LANE**
CITY-ST-ZIP **WINTER PARK FL**

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

TITLE **VD** ☐ Delete
NAME **CABREIRA, ROSALINA L.**
STREET ADDRESS **2740 LAKE HOWELL LANE**
CITY-ST-ZIP **WINTER PARK FL**

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

TITLE **ST** ☐ Delete
NAME **CABREIRA, ROSALINA L.**
STREET ADDRESS **2740 LAKE HOWELL LANE**
CITY-ST-ZIP **WINTER PARK FL**

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

TITLE **D** ☐ Delete
NAME **MASSEY, GARY E.**
STREET ADDRESS **112 WEST CITRUS STREET**
CITY-ST-ZIP **ALTAMONTE SPRINGS FL**

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

TITLE **M** ☐ Delete
NAME **CABREIRA, KENNETH L.**
STREET ADDRESS **2740 LAKE HOWELL LANE**
CITY-ST-ZIP **WINTER PARK FL**

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: Kenneth L. Cabreira Kenneth L. Cabreira 8/16/02 407-647-7182

CR2E037 (4/02)