

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N15519**

1. Entity Name

JOHN YOUNG COMMERCE CENTER PROPERTY OWNERS ASSOC**FILED**
Mar 02, 2001 8:00 am
Secretary of State

03-02-2001 90097 047 *****61.25

Principal Place of Business

% RICHARD T. DAVIS
631 TRIUMPH CT.
ORLANDO FL 32805
US

Mailing Address

% RICHARD T. DAVIS
P. O. BOX 941662
MAITLAND FL 32794-1662
US

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

59-2826888

☒ Applied For☐ Not Applicable5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

DAVIS, RICHARD T
24520SW 90TH PLACE
BUSHNELL FL 33513

7. Name and Address of New Registered Agent

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 \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to**
Department of State

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME DAVIS, RICHARD M
STREET ADDRESS 2452 SW 90TH PL
CITY-ST-ZIP BUSHNELL FL 33513TITLE ☐ Delete
NAME DAVIS, TODD
STREET ADDRESS 1315 WORDALE AVE
CITY-ST-ZIP WINTER PARK FL 32789TITLE ☐ Delete
NAME DS HARRELL, ROBERT S
STREET ADDRESS 2800 TRENTWOOD BLVD.
CITY-ST-ZIP ORLANDO FL 32812TITLE ☐ Delete
NAME ASD DAVIS, RICHARD T JR
STREET ADDRESS 1108 HOFFNER AVE
CITY-ST-ZIP ORLANDO FL 32809TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ 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-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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)