

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N20256

1. Entity Name

MAITLAND CENTER PROPERTY OWNERS PAC, INC.

Principal Place of Business

%DONALO L. DEVANE  
900 WINDERLEY PLACE #148  
MAITLAND FL 32751

Mailing Address

%DONALO L. DEVANE  
900 WINDERLEY PLACE #148  
MAITLAND FL 32751

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 59-2822803

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

BROWN, C. DAVID II ESQ.  
% BROAD & CASSEL  
390 NORTH ORANGE AVE., SUITE 1100  
ORLANDO FL 32801

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 D ☐ Delete  
NAME KRUPALA, RICHARD  
STREET ADDRESS 201 S. ORANGE AVE. STE. 1400  
CITY-ST-ZIP ORLANDO FL 32801

TITLE Director ☒ Change ☐ Addition  
NAME Richard Krepak  
STREET ADDRESS 201 S. Orange Avenue Suite 1400  
CITY-ST-ZIP Orlando, FL 32801

TITLE D ☐ Delete  
NAME ATKINS, BOB  
STREET ADDRESS 2700 WESTHALL LANE  
CITY-ST-ZIP MAITLAND FL 32751

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

TITLE TD ☒ Delete  
NAME BRANTLEY, RUSTY  
STREET ADDRESS 6220 S. ORANGE BLOSSOM TR.  
CITY-ST-ZIP ORLANDO FL 32809

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

TITLE PD ☐ Delete  
NAME WARNER, JONNIE MAE  
STREET ADDRESS 2400 MAITLAND CENTER PKWY. STE. 100  
CITY-ST-ZIP MAITLAND FL 32751

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

TITLE VPD ☐ Delete  
NAME DEVANE, DONALD  
STREET ADDRESS 900 WINDERLEY PLACE STE 148  
CITY-ST-ZIP MAITLAND FL 32751

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

TITLE SD ☐ Delete  
NAME WALKER, LARRY  
STREET ADDRESS 115 MARKS STREET  
CITY-ST-ZIP ORLANDO FL 32801

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Donald L. DeVane, VPD 1-10-00 407-660-9555

Date

Daytime Phone

00051861



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)