## 2002 UNIFORM BUSINESS REPORT (UBR) Mar 14, 2002 8:00 am **DOCUMENT # N20471 Secretary of State** 1. Entity Name THE CENTER OF COMMERCE AT ORLANDO OWNERS' ASSOCI 03-14-2002 90024 016 \*\*\*\*61.25 ATION, INC. Principal Place of Business Mailing Address 315 E ROBINSON ST 315 E ROBINSON ST SUITE 400 SUITE 400 ORLANDO FL 32801 ORLANDO FL 32801 2. Principal Place of Business 3. Mailing Address 900 Mailland Summit Tower <del>nd</del> Summit Tower DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For City & State 59-2965059 Not Applicable orland Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required us 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent GOILANDERA P.O. Box Number is Not/Acceptable) WIELAND, JEFFREY P 2 SOUTH ORANGE AVENUE ORLANDO FL 32801 Zip Code **ろ28/**0 98. 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 DATE Signature, typed or printed name of registered agent ar 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. Addition Change PD Delete TITLE TITLE Nancy Goldenberg 1900 muittand Summit Tower Blvd Suite 750 LILLEY, ROY A NAME STREET ADDRESS 315 ROBINSON ST STE 400 STREET ADDRESS FL 32810 Orlando CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32801 ☐ Change Addition STD harlene Pereau Delete TITLE 1900 Mai Hard Summit Tower Blad Suite 750 BRUENE, BRUCE NAME 801 GRAND AVE STREET ADDRESS Orlando FL 32810 CITY-ST-ZIP CITY-ST-ZIP DES MOINES IA 50392-1370 --- Change - Addition Delete TITLE Zussel Blackwell 45 E State Street Suite 1750 WOOFTER, LINDA NAME NAME **801 GRAND AVE** STREET ADDRESS STREET ADDRESS Columbus OH 43215 CITY-ST-ZIP CITY-ST-ZIP DES MOINES IA 50392-1370 Addition ☐ Change ☐ Delete TITLE TITLE Rebecca S Smith 3424 Peachtree Road NE Suite 300 NAME NAME STREET ADDRESS STREET ADDRESS Atlanta GA 30326 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TITI F thris Harris Road NE Suite 300 TITLE NAME NAME STREET ADDRESS STREET ADDRESS Atlanta GA 30326 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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 attagrigant with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

GREENBERG altachment of Date N3647/

Yvonne Mendez, Legal Assistant (407) 317-8550

March 1, 2002

Florida Secretary of State
Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

Re: The Center of Commerce at Orlando Owners' Association, Inc.

Dear Sir or Madam:

Enclosed is the original 2002 Uniform Business Report for the above-referenced corporation along with our check payable to your order in the amount of \$61.25 in payment of the annual filing fee for the Business Report.

Thank you for your assistance in this regard and if you have any questions, please do not hesitate to contact the undersigned.

Very truly yours,

Yvonne Mendez, CLA

Certified Legal Assistant

/ym

Enclosure

cc;

Craig Minegar, Esq.