

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N23158

1. Entity Name

MARY JESS COMMERCE CENTER PROPERTY OWNERS' ASSOC

FILED
Mar 10, 2000 8:00 am
Secretary of State

03-10-2000 90023 025 ****61.25

Principal Place of Business

Mailing Address

% BOB DINGER
5508 COMMERCE DRIVE
ORLANDO FL 32839

% BOB DINGER
5508 COMMERCE DRIVE
ORLANDO FL 32839-2975

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

59-2790841

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DRAGE, THOMAS B., JR.
116 ORANGE AVENUE
ORLANDO FL 32802

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 \$61.25

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

TITLE PD ☐ Delete

NAME EDDY, DAVID A.
STREET ADDRESS 5500 COMMERCE DRIVE
CITY-ST-ZIP ORLANDO FL

TITLE VD ☐ Delete

NAME FORD, JIM
STREET ADDRESS 5524 COMMERCE DRIVE
CITY-ST-ZIP ORLANDO FL

TITLE SD ☐ Delete

NAME GOLBY, CLIFF
STREET ADDRESS 5611 COMMERCE DRIVE
CITY-ST-ZIP ORLANDO FL

TITLE TD ☐ Delete

NAME DINGER, BOB
STREET ADDRESS 5508 COMMERCE DRIVE
CITY-ST-ZIP ORLANDO FL

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/7/00 407-857-2000
Date Daytime Phone #

CR2E037 (9/99)