

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N44434

1. Entity Name

MAIN STREET OF WINTER GARDEN, INC.

2

FILED
Aug 08, 2000 8:00 am
Secretary of State

08-08-2000 90090 003 ****61.25

Principal Place of Business

1 N MAIN ST
WINTER GARDEN FL 34787
US

Mailing Address

P. O. BOX 770475
WINTER GARDEN FL 34777-0475
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

59-3077610

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

WRIGHT, LYNN WALKER
886 SOUTH DILLARD STREET
WINTER GARDEN FL 34787

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
After September 13, 2000 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 P ☒ Delete
NAME ALDRICH, TINA
STREET ADDRESS 141 W PLANT ST
CITY-ST-ZIP WINTER GARDEN FL 34787

TITLE President ☒ Change ☐ Addition
NAME Kimberlee D Rose
STREET ADDRESS Winter Garden, FL
CITY-ST-ZIP 34787

TITLE D ☒ Delete
NAME BOHN, THOMAS
STREET ADDRESS 12184 W COLONIAL DRIVE
CITY-ST-ZIP WINTER GARDEN FL 34781

TITLE Vice President ☒ Change ☐ Addition
NAME Bruce Williams
STREET ADDRESS 21 S. Main St
CITY-ST-ZIP Winter Garden FL 34787

TITLE D ☒ Delete
NAME BROWN, CLAIRE
STREET ADDRESS 126 W PLANT ST
CITY-ST-ZIP WINTER GARDEN FL

TITLE Secretary ☒ Change ☐ Addition
NAME David Sylvester
STREET ADDRESS Winter Garden FL

TITLE D ☒ Delete
NAME GRETCHER, BOYD
STREET ADDRESS P.O. BOX 706
CITY-ST-ZIP OAKLAND FL 34760

TITLE Treasurer ☒ Change ☐ Addition
NAME Rita Williams
STREET ADDRESS 21 S Main St
CITY-ST-ZIP Winter Garden FL 34787

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/00)