

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 13, 2001 08:00 AM**
Secretary of State**DOCUMENT # N46826****1. Entity Name**
CITY OF LIGHT-ORLANDO, INC.**Principal Place of Business**
75 SOUTH IVANHOE BLVD
ORLANDO FL 32804**Mailing Address**
75 SOUTH IVANHOE BLVD
ORLANDO FL 32804**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
59-3112444**Applied For**
Not Applicable**5. Certificate of Status Desired** ☒ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent**7. Name and Address of New Registered Agent**FAGAN SCOTT P
75 SOUTH IVANHOE BOULEVARD
ORLANDO FL 32804 US**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** **04/13/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) DATE**FILE NOW:**
FEE IS \$61.25**9. Election Campaign Financing** ☐ **\$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 <input type="checkbox"/> Delete |
| NAME | MEDLIN KENNETH L |
| STREET ADDRESS | 75 SOUTH IVANHOE BLVD |
| CITY-ST-ZIP | ORLANDO FL 32804 |
| TITLE | D <input type="checkbox"/> Delete |
| NAME | HASS JOEL |
| STREET ADDRESS | 75 SOUTH IVANHOE BLVD |
| CITY-ST-ZIP | ORLANDO FL 32804 |
| TITLE | SD <input type="checkbox"/> Delete |
| NAME | STUART JACOB V |
| STREET ADDRESS | 75 SOUTH IVANHOE BLVD |
| CITY-ST-ZIP | ORLANDO FL 32804 |
| TITLE | TD <input type="checkbox"/> Delete |
| NAME | MUSTIAN RUTH Z |
| STREET ADDRESS | 75 SOUTH IVANHOE BLVD |
| CITY-ST-ZIP | ORLANDO FL 32804 |
| TITLE | VD <input type="checkbox"/> Delete |
| NAME | WOLFSON WAYNE |
| STREET ADDRESS | 75 SOUTH IVANHOE BLVD |
| CITY-ST-ZIP | ORLANDO FL 32804 |
| TITLE | P <input type="checkbox"/> Delete |
| NAME | LINDON DALE |
| STREET ADDRESS | 75 SOUTH IVANHOE BLVD |
| CITY-ST-ZIP | ORLANDO FL 32804 |

| | |
|-----------------------|---|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> 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)(f), 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:** JACOB V. STUART **SD** **04/13/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (11/00)