

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N49415

1. Entity Name

RESTORE ORLANDO, INC.

**FILED**  
**Mar 20, 2000 8:00 am**  
**Secretary of State**

03-20-2000 90114 028 \*\*\*\*70.00

Principal Place of Business

1030 W KALEY ST  
ORLANDO FL 32805

Mailing Address

P.O. BOX 568606  
ORLANDO FL 32856-8606  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3136841

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

APPLEBY, JERRY L.  
1030 W. KALEY STREET  
ORLANDO FL 32805

7. Name and Address of New Registered Agent

Name MASON, ALEXANDER M.

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

4617 COURTNEY LEE CT

City

ORLANDO

FL

Zip Code

32812

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

Alexander M. Mason III

Executive Director

3-14-2000

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 D  
NAME APPLEBY, JERRY  
STREET ADDRESS 5430 KENYON RD  
CITY-ST-ZIP ORLANDO FL

☒ Delete

TITLE CD  
NAME RIVERA, ORLANDO  
STREET ADDRESS 07 22ND STRET  
CITY-ST-ZIP ORLANDO FL 32805

☒ Delete

TITLE VCD  
NAME DEGAILLER, BRIAN  
STREET ADDRESS 301 RED MULBERRY COURT  
CITY-ST-ZIP LONGWOOD FL 32779

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D  
NAME MASON, ALEX M.  
STREET ADDRESS 4617 COURTNEY LEE CT.  
CITY-ST-ZIP ORLANDO, FL 32812

☐ Change

☒ Addition

TITLE VCD  
NAME JIM GIBSON  
STREET ADDRESS 1845 WILTON AVE.  
CITY-ST-ZIP ORLANDO, FL 32805

☐ Change

☒ Addition

TITLE CD  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☒ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

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:

Alexander M. Mason III  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-14-2000 (407) 246-0061  
Date Daytime Phone #

CR 017 (9/98)