

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000004054

1. Entity Name

ASHLEY PARK TWO CONDOMINIUM ASSOCIATION, INC.

**FILED**  
Feb 19, 2001 8:00 am  
Secretary of State

02-19-2001 90051 046 \*\*\*\*61.25

0026037

Principal Place of Business

Mailing Address

800 N. HIGHLAND AVE  
200  
ORLANDO FL 32803  
US

900 N. HIGHLAND AVE  
200  
ORLANDO FL 32803  
US

00010000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3203566

Applied For

Not Applicable

Zip

Country

Zip

Country

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

CARLTON, MICHELLE C  
3300 S HIAWASSEE ROAD  
SUITE 107  
ORLANDO FL 32835

Name

Michelle Carlton

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

800 N. Highland Ave

City

Orlando, FL

FL

Zip Code

32803

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

*Michelle Carlton*

2/15/01

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS CARLTON, MICHELLE C 3300 S HIAWASSEE RD. STE. 107 ORLANDO FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV CARLSON, BRENDA J 3300 S. HIAWASSEE RD. STE. 107 ORLANDO FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS CARLTON, CHARLES 3300 S HIAWASSEE RD. STE. 107 ORLANDO FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	800 N. Highland Ave Orlando, FL 32803	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	800 N. Highland Ave Orlando, FL 32803	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Michelle Carlton*

2/15/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)