

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000002256

1. Entity Name

FIRST NATIONAL OFFICE CONDOMINIUM ASSOCIATION, I

Principal Place of Business

Mailing Address

369 N NEW YORK AVENUE
WINTER PARK FL 32789

369 N NEW YORK AVENUE
WINTER PARK FL 32789-3119

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2580189

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

Name

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

City

FL

Zip Code

GRAHAM, JESSE E SR
369 N NEW YORK AVENUE
3RD FLOOR
WINTER PARK FL 32789

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME GRAHAM, JESSE E SR.
STREET ADDRESS 369 N NEW YORK AVENUE
CITY-ST-ZIP WINTER PARK FL 32789 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VD
NAME CLARK, SCOTT D
STREET ADDRESS 369 N NEW YORK AVENUE
CITY-ST-ZIP WINTER PARK FL 32789 ☒ Delete

TITLE VD
NAME MILLS, RUSSELL
STREET ADDRESS 369 N. NEW YORK AVE
CITY-ST-ZIP WINTER PARK FL 32789 ☒ Change ☐ Addition

TITLE TD
NAME PRATT, JAMES R
STREET ADDRESS 369 N NEW YORK AVENUE
CITY-ST-ZIP WINTER PARK FL 32789 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE S
NAME CALPEY, JOHN M
STREET ADDRESS 369 N NEW YORK AVENUE
CITY-ST-ZIP WINTER PARK FL 32789 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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:

SIGNATURE OF JAMES R. PRATT

1/18/00

407 6474455

SIGNATURE AND TITLE OF OFFICER OR DIRECTOR

Date

Daytime Phone #