

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **N96000001647**

1. Entity Name

**WINTER PARK COMMERCE CENTER,  
A CONDOMINIUM ASSOCIATION**

FILED

01 MAR 22 PM 3: 24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

**3580 ALOMA AVE, SUITE # 4**

2. Principal Place of Business

**3580 ALOMA AVE**

Suite, Apt. #, etc.

**# 4**

3. Mailing Address

**3580 ALOMA AVE**

Suite, Apt. #, etc.

**# 4**

**REINSTATEMENT 00-01**

City & State

**WINTER PARK, FL**

City & State

**WINTER PARK, FL**

4. FEI Number

**59-3374334**

Applied For  
Not Applicable

Zip

**32792**

Country

**ORANGE**

Zip

**32792**

Country

**ORANGE**

5. Certificate of Status Desired

**\$8.75** Additional Fee Required **SP**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

**PARDEEP K VEDI**

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

**3586 ALOMA AVE, SUITE # 3**

City

**WINTER PARK**

**FL**

Zip Code

**32792**

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

**3/15/2001**  
**4/26/2000**

**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	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	

TITLE NAME	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**3/15/01**      **407 678 7747**

CR2E037 (9/99)