

# 2000 UNIFORM BUSINESS REPORT (UBR)

1/28

**FILED**  
**May 02, 2000 8:00 am**  
**Secretary of State**  
 01-28-2000 90132 006 \*\*\*\*61.25

**DOCUMENT # N96000002380**

1. Entity Name

**WORLD TRADE CENTER ORLANDO, INC.**

Principal Place of Business

201 S ORANGE  
 SUITE 1070  
 ORLANDO FL 32801

Mailing Address

201 S ORANGE  
 SUITE 1070  
 ORLANDO FL 32801-3480

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

**59-3082996**

Applied For

Not Applicable

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

**DECUBELLIS, DAN**  
**255 SO. ORANGE AVENUE**  
**ORLANDO FL 32801**

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

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 **P** ☐ Delete  
 NAME **SUTTON, BYRON**  
 STREET ADDRESS **105 E. ROBINSON**  
 CITY-ST-ZIP **ORLANDO FL 32801**

TITLE **VP** ☐ Delete  
 NAME **ASTA, RICK**  
 STREET ADDRESS **105 E. ROBINSON**  
 CITY-ST-ZIP **ORLANDO FL 32801**

TITLE **D** ☒ Delete  
 NAME **JIMENEZ, MIGUEL MR**  
 STREET ADDRESS **390 N. ORANGE AVE., 7TH FLOOR**  
 CITY-ST-ZIP **ORLANDO FL 32801**

TITLE **D** ☒ Delete  
 NAME **MCALLASTER, CRAIG DR**  
 STREET ADDRESS **1000 HOLT AVE. 2722**  
 CITY-ST-ZIP **WINTER PARK FL 32789**

TITLE **D** ☐ Delete  
 NAME **SIMEK, GEORGE DR**  
 STREET ADDRESS **5600 SANDLAKE ROAD, MP 515**  
 CITY-ST-ZIP **ORLANDO FL 32819-8907**

TITLE **D** ☐ Delete  
 NAME **PARKER, DIANE MS**  
 STREET ADDRESS **101 INTERNATIONAL PARKWAY, SUITE B**  
 CITY-ST-ZIP **HEATHROW FL 32746**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE **V.P** ☐ Change ☒ Addition  
 NAME **WRIGHT**  
 STREET ADDRESS **200 S. ORANGE AVE 2300**  
 CITY-ST-ZIP **Orlando, FL 32801**

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

TITLE **Secretary** ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**1-10-00 407649-1895**

CR2E037 (9/99)