

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000003715

1. Entity Name

FOREST CITY EXECUTIVE CENTER OWNERS ASSOCIATION,
INC.

Principal Place of Business

Mailing Address

601 HILLVIEW DR. SUITE 105
ALTAMONTE SPRINGS FL 32714

601 HILLVIEW DR. SUITE 105
ALTAMONTE SPRINGS FL 32714

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

59-3051469

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME HATTAWAY, ROBERT T
STREET ADDRESS 601 HILLVIEW DR, SUITE 105
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714 ☐ Delete

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

TITLE SD
NAME MILLER, ROBERT E
STREET ADDRESS 990 DOUGLAS AVE, SUITE 102
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714 ☒ Delete

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

TITLE DR
NAME ZERR, PATRICIA A
STREET ADDRESS 601 HILLVIEW DR
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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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:

Robert T. Hattaway
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/01

407-875-3433

FILED
May 07, 2002 8:00 am
Secretary of State

05-07-2002 90043 001 ***211.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)