

# 2000 UNIFORM BUSINESS REPORT (UBR)

5/9/00-90103-037-\$61.25-\$61.25

DOCUMENT # N99000006732

1. Entity Name

WINTER PARK NEIGHBORHOOD DEVELOPMENT CORPORATION

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 JUN 21 AM 7:46

Principal Place of Business

Mailing Address

1011 PALMER AVENUE  
WINTER PARK FL 32789-2641

1011 PALMER AVENUE  
WINTER PARK FL 32789-2641

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

APPLIED FOR

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

F&L CORP.  
THE GREENLEAF BUILDING, THIRD FLOOR  
200 LAURA STREET  
JACKSONVILLE FL 32201-0240

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 Acting Director ☐ Delete  
NAME SUSAN MILDNER  
STREET ADDRESS 800 JUANITA RAE  
CITY-ST-ZIP WINTER PARK FL 32789

TITLE DIRECTOR ☐ Change ☐ Addition  
NAME JAMES C. ALISON  
STREET ADDRESS 2922 EMBASSY COURT  
CITY-ST-ZIP CASSELBERRY, FL 32707

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE DIRECTOR ☐ Change ☐ Addition  
NAME MARTIN F. CREW  
STREET ADDRESS 1011 PALMER AVENUE  
CITY-ST-ZIP WINTER PARK, FL 32789-2641

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE DIRECTOR ☐ Change ☐ Addition  
NAME SUSAN MILDNER  
STREET ADDRESS 800 JUANITA RAE  
CITY-ST-ZIP WINTER PARK, FL 32789

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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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)(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 changes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

SUSAN MILDNER

4-28-00

407

602-6262

AD