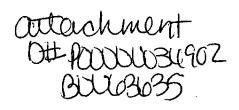
FILED

2001 UNIFORM BUSINESS REPORT (UBB)

DOCUMENT # P0000034902 1. Entity Name MAGNOLIA REAL ESTATE OF ORLANDO, INC.					Sep 06, 2001 8:00 am Secretary of State 09-06-2001 90245 016 ***150.00			
Principal Place of Business Mailing Address 5401 S. KIRKMAN RD. PO BOX 2173 SUITE 500 WINTER PARK FL 32790-2173 ORLANDO FL 32819			173					
2. Principal Place of Business 3. Mailing Addr			·)	49 111 64 111 44 111 81		SOILD LIBE (BB)
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State		City & State		4.	FEI Number 59-363	8679	<u> </u>	oplied For ot Applicable
Zip	Country	Zip	Country	5.	Certificate of Status	•	\$8.75 Ad Fee Require	
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name COOPER, JAMES E 1093 FOGGY BROOK PLACE LONGWOOD FL 32750 100 N. NEW YORK FL Zip Code 32.785								
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 9. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. (See criteria on back) FILE NOW!!! FEE IS \$550.00 After September 12, 2001 Fee will be \$750.00 Make Check Payable to Department of State								
11.	OFFICERS AND		12.		DDITIONS/CHANGE	S TO OFFICE	RS AND DIRECTOR	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COOPER, JAMES E P.O. BOX 2073 WINTER PARK FL 32790	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	☐ Addition }
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	☐ Addition
13. 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 of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attackment with an address, with all other like appowered. SIGNATURE: 8/23/0/ 1/07-248-7785								
SIGNAL		RINTED NAME OF SIGNING OFFICER O	PA DIRECTOR		Date		Daytime Phone #	,,43

JIM COOPER



Memorandum

Date:

August 28, 2001

To:

Florida Department of State

From:

Jim Cooper

Re:

Magnolia Real Estate of Orlando, Inc.

Doc# P0000034902

I received the enclosed package for filing of the Annual Report for this corporation. This is the first one of these I have received and am not sure of the amount I owe.

I am enclosing a check in the amount of \$150.00 since that is the amount I believe I owe. I do not believe I owe any late fees since this is the first one of these forms I have seen. If this is incorrect please advise me. My telephone number is 407-248-7785. Thanks in advance.

Note eachorned a check in the round of \$130.30 whose thick is the about the armost for stay as the armost form the thick in the chiral character and course single forms for the character and the first forms for the armost forms.