

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Sep 06, 2001 8:00 am**  
**Secretary of State**  
 09-06-2001 90245 016 \*\*\*150.00

0010839 AV

**DOCUMENT # P00000034902**

1. Entity Name  
**MAGNOLIA REAL ESTATE OF ORLANDO, INC.**

Principal Place of Business      Mailing Address

**5401 S. KIRKMAN RD.**      **PO BOX 2173**  
**SUITE 500**      **WINTER PARK FL 32790-2173**  
**ORLANDO FL 32819**



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 **59-3638679**      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

**COOPER, JAMES E**  
**1093 FOGGY BROOK PLACE**  
**LONGWOOD FL 32750**

7. Name and Address of New Registered Agent

Name **JAMES E. COOPER**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1100 N. NEW YORK AVE**  
 City **WINTER PARK**      FL      Zip Code **32789**

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]*      **JAMES E. COOPER**      DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible Tax filing 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**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>COOPER, JAMES E</b>
STREET ADDRESS	<b>P.O. BOX 2073</b>
CITY-ST-ZIP	<b>WINTER PARK FL 32790</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*      **SIGNATURE REQUIRED**      **8/23/01**      **407-248-7785**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (5/01)

# JIM COOPER

attachment  
Off P0000034902  
00003035

## 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.

Faint, illegible text at the bottom of the page, possibly bleed-through from the reverse side.