

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 24, 2003 8:00 am**  
**Secretary of State**

04-24-2003 90202 017 \*\*\*158.75

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DOCUMENT # P00000034902



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

Principal Place of Business  
5401 S. KIRKMAN RD.  
SUITE 500  
ORLANDO FL 32819

Mailing Address  
PO BOX 2173  
WINTER PARK FL 32790-2173



2. Principal Place of Business  
315 E. ROBINSON ST. #  
SUITE, APT. #, etc.  
160

3. Mailing Address  
P.O. BOX 2173  
SUITE, APT. #, etc.

CHECK HERE IF MAKING CHANGES

City & State  
ORLANDO, Florida

City & State  
WINTER PARK, FL.

4. FEI Number 59-3638679

Applied For  
Not Applicable

Zip 32801 Country ORANGE

Zip 32790 Country ORANGE

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:

COOPER, JAMES E  
1100 N. NEW YORK AVENUE  
WINTER PARK FL 32789

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. I am familiar with, and accept the obligations of registered agent.

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COOPER, JAMES E P.O. BOX 2073 WINTER PARK FL 32790	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 607, 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 OF JAMES E COOPER 4/24/03 407-426-8888  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)