

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2001 8:00 am
Secretary of State

05-11-2001 90110 009 ***150.00

0061106

DOCUMENT # P00000080751

1. Entity Name
SORRENTO HILLS, INC.

Principal Place of Business

**130 HILLCREST ST
 ORLANDO FL 32801**

Mailing Address

**130 HILLCREST ST
 ORLANDO FL 32801**

2. Principal Place of Business

635 N. RIO GRANDE AVE.

3. Mailing Address

635 N. RIO GRANDE AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ORLANDO, FL 32805

City & State

ORLANDO, FL 32805

Zip

32805

Country

ORANGE

Zip

32805

Country

ORANGE

4. FEI Number

59-3671126

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**THOMAS, JOHN L II
 130 HILLCREST ST
 ORLANDO FL 32801**

7. Name and Address of New Registered Agent

Name
CONWAY D. KITTREDGE

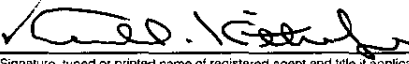
Street Address (P.O. Box Number is Not Acceptable)
635 N. RIO GRANDE AVE.

City
ORLANDO

FL

Zip Code
32805

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)

4/24/01
 DATE

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 \$150.00
 After MAY 1, 2001 Fee will be \$550.00
 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 **D** ☒ Delete
 NAME **THOMAS, JOHN L II**
 STREET ADDRESS **130 HILLCREST ST**
 CITY-ST-ZIP **ORLANDO FL 32801**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
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 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Change ☒ Addition
 NAME **PRESIDENT**
 STREET ADDRESS **CONWAY D. KITTREDGE**
 CITY-ST-ZIP **635 N. RIO GRANDE AVE.
 ORLANDO, FL 32805**

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

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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)(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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/24/01 (407) 843-0124 Ext 10

CR2E034 (10/00)