

**2001 UNIFORM BUSINESS REPORT (UBR)**

4/

**FILED**  
**May 18, 2001 8:00 am**  
**Secretary of State**

04-23-2001 90245 030 \*\*\*158.75

**DOCUMENT # P0000100558**

1. Entity Name

**GREATER ORLANDO PROPERTIES, INC.**

Principal Place of Business

672 N. SEMORAN BLVD., STE. 204  
 ORLANDO FL 32807

Mailing Address

672 N. SEMORAN BLVD., STE. 204  
 ORLANDO FL 32807

2. Principal Place of Business

126 S. Semoran Blvd

Suite, Apt. #, etc.

3. Mailing Address

126 S. Semoran Blvd

Suite, Apt. #, etc.

City & State

Orlando, FL

City & State

Orlando, FL

4. FEI Number

59-3676893

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

SANTIAGO, CARMEN A  
 672 N. SEMORAN BLVD., STE. 204  
 ORLANDO FL 32807

7. Name and Address of New Registered Agent

Name Santiago, Carmen A.  
 Street Address (P.O. Box Number is Not Acceptable)  
126 S. Semoran Blvd  
 City Orlando FL Zip Code 32807

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 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D	TITLE	D
NAME	SANTIAGO, CARMEN A	NAME	Santiago, Carmen A.
STREET ADDRESS	672 N. SEMORAN BLVD., STE. 204	STREET ADDRESS	126 S. Semoran Blvd
CITY-ST-ZIP	ORLANDO FL 32807	CITY-ST-ZIP	Orlando, FL 32807
<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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: *[Handwritten Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/11/01 407-306-0972

Date

Daytime Phone #

CR2E034 (10/00)