

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000036559

1. Entity Name

FLORIDA CONDOMINIUM ARBITRATION, INC.

Principal Place of Business

1305 EAST ROBINSON STREET
ORLANDO FL 32801

Mailing Address

1305 EAST ROBINSON STREET
ORLANDO FL 32801

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3714494

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

OLSEN, JAMES E

1305 EAST ROBINSON STREET

ORLANDO FL 32801

7. Name and Address of New Registered Agent

Name

Paul L. Wean

Street Address (P.O. Box Number is Not Acceptable)

1305 East Robinson St

City

Orlando

FL

Zip Code

32801

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.

Paul L. Wean

4/18/02

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, 2002 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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
OLSEN, JAMES E
1305 EAST ROBINSON STREET
ORLANDO FL 32801

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P.D.
Paul L. Wean
1305 East Robinson St
Orlando, FL 32801

☐ Delete

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STREET ADDRESS
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

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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 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:

Paul L. Wean Pres.

4/18/02

807-894-8040

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)

FILED
May 30, 2002 8:00 am
Secretary of State

05-02-2002 90066 020 ***150.00



DO NOT WRITE IN THIS SPACE