

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000038810

1. Entity Name  
**CAMELLIA POINTE, INC.**



FILED

03 APR 25 PM 2:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
800 N HIGHLAND AVE  
SUITE 200  
ORLANDO, FL 32803

Mailing Address  
PO BOX 4961  
ORLANDO, FL 32802-4961

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

01-0661790

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

B&C CORPORATE SERVICES OF CENTRAL FLORIDA  
390 N ORANGE AVE  
SUITE 1100  
ORLANDO, FL 32801

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent's signature required when reinstating)

DATE

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

TITLE	P	<input type="checkbox"/> Delete
NAME	Steven G. Kropp	
STREET ADDRESS	800 N. Highland Ave Ste 200	
CITY-ST-ZIP	Orlando, FL 32803	
TITLE	V	<input type="checkbox"/> Delete
NAME	David M. Willner	
STREET ADDRESS	800 N. Highland Ave. Ste. 200	
CITY-ST-ZIP	Orlando, FL 32803	
TITLE	V/S	<input type="checkbox"/> Delete
NAME	Charles S. Carlton	
STREET ADDRESS	800 N. Highland Ave, Ste. 200	
CITY-ST-ZIP	Orlando, FL 32803	
TITLE	V, T	<input type="checkbox"/> Delete
NAME	Eric Feisner	
STREET ADDRESS	800 N. Highland Ave, Ste 200	
CITY-ST-ZIP	Orlando, FL 32803	
TITLE	V.	<input type="checkbox"/> Delete
NAME	L. Mills Tuttle	
STREET ADDRESS	800 N. Highland Ave Ste 200	
CITY-ST-ZIP	Orlando FL 32803	
TITLE	V, T	<input type="checkbox"/> Delete
NAME	Thomas P. Lawler	
STREET ADDRESS	800 N. Highland Ave, Ste. 200	
CITY-ST-ZIP	Orlando, FL 32803	

11. 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
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Steven G Kropp President

4-18-03

407/297-1600

Date

Daytime Phone #

CR2E034 (10/02)