

AMENDED

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FILED

2000 UNIFORM BUSINESS REPORT (UBR)

00 SEP 20 AM 10:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04800

1. Entity Name

MARCENT DEVELOPMENT COMPANY, INC.

Principal Place of Business

124 E. COLONIAL DRIVE
P.O. BOX 2206
ORLANDO FL 32801

Mailing Address

124 E. COLONIAL DRIVE
P.O. BOX 2206
ORLANDO FL 32801-1200

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 13-2572136

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KANTOR, HAL H.
215 NORTH EOLA DRIVE
ORLANDO FL 32802

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.

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, 2000 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 C
NAME MAYER, RINA ☐ Delete
STREET ADDRESS 21 RUE DU MONT BLANC
CITY- ST- ZIP GENEVA SW

TITLE D
NAME LEITERSDORF, JONATHAN ☐ Delete
STREET ADDRESS 80 5TH AVE 18TH FLOOR
CITY- ST- ZIP NEW YORK NY

TITLE D
NAME AVNAT, JOSEPH ☐ Delete
STREET ADDRESS 21 RUE DU MONT BLANC
CITY- ST- ZIP 1201 GENEVA SW

TITLE DVST
NAME ELGAR, SHNEUR ☒ Delete
STREET ADDRESS 124 E. COLONIAL DRIVE
CITY- ST- ZIP ORLANDO FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (If 11)

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

TITLE D/P/S/T
NAME Leitersdorf, Jonathan ☒ Change ☐ Addition
STREET ADDRESS 124 E. Colonial Drive
CITY- ST- ZIP Orlando, FL. 32801

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

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

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

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 names.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

9/10/00 407-848-0371

0083521

CR2E034 (9/99)

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