

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P92000004333

1. Entity Name

RUSSO FAMILY ENTERPRISES, INC.

FILED
May 18, 2000 8:00 am
Secretary of State

05-18-2000 90384 001 ***150.00

Principal Place of Business

Mailing Address

225 W. FAIRBANKS AVENUE
WINTER PARK FL 32789

225 W. FAIRBANKS AVENUE
WINTER PARK FL 32751-3880

2. Principal Place of Business

1750 CHOCTAW TR

3. Mailing Address

1750 CHOCTAW TR

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
MAITLAND, FL

City & State
MAITLAND, FL

4. FEI Number

59-3156586

Applied For

Not Applicable

Zip
32751

Country

Zip
32751

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MORGAN, ULTIMA D
315 E ROBINSON ST
SUITE 600
ORLANDO FL 32801

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

12. ADDRESS CHANGES

TITLE	D	<input type="checkbox"/> Delete
NAME	RUSSO, JOSEPH F	
STREET ADDRESS	225 W. FAIRBANKS AVENUE	
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE	O	<input type="checkbox"/> Delete
NAME	RUSSO, PAMELA C	
STREET ADDRESS	225 W FAIRBANKS AVE	
CITY-ST-ZIP	WINTER PARK FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1750 CHOCTAW TRAIL	
CITY-ST-ZIP	MAITLAND, FLORIDA 32751	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1750 CHOCTAW TRAIL	
CITY-ST-ZIP	MAITLAND, FLORIDA 32751	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Pamela C Russo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/2000
Date

(407) 740 5580
Daytime Phone #

CR2E034 (9/99)