

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000048177

1. Entity Name

FRIENDLY DATA, INC.

FILED
Mar 23, 2000 8:00 am
Secretary of State

03-23-2000 90034 038 ***150.00

Principal Place of Business

~~2180 PARK AVENUE NORTH
SUITE 324
WINTER PARK FL 32789
US~~

Mailing Address

~~2180 PARK AVENUE NORTH
SUITE 324
WINTER PARK FL 32789-2358
US~~

00043013



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

444 WEST NEW ENGLAND AVE.

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE F

City & State

WINTER PARK, FLORIDA

City & State

4. FEI Number

59-3200082

Applied For

Not Applicable

Zip

32789

Country

USA

Zip

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

GUSTINO, JAMES

2180 PARK AVENUE NORTH
SUITE 324
WINTER PARK FL 32789

*address change
only*

Name

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

444 WEST NEW ENGLAND AVENUE, SUITE G

City

WINTER PARK

FL

Zip Code

32789

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

JAMES A. GUSTINO

3/17/00

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. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCEO GUSTINO, JAMES 5567 BROOKLINE DRIVE ORLANDO FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCOO SUMMERHILL, JAMES 1116 GLENWAY COURT TITUSVILLE FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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)(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

JAMES A. GUSTINO

3/17/00

407-647-6700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)