## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE A

NO TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIBECTOR

## FILED DOCUMENT # **P9300063393** Jun 05, 2000 8:00 am 1. Entity Name CENTRAL FLORIDA REAL ESTATE INFORMATION SERVICE, **Secretary of State** 06-05-2000 90039 016 \*\*\*150.00 Principal Place of Business Mailing Address 200 S. ORANGE AVENUE 621 EAST CENTRAL BLVD. ORLANDO FL 32802 SUITE 2300 ORLANDO FL 32801-3455 3. Mailing Address 2. Principal Place of Business W. HAROLO AVE. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. AR ENTRANCE Applied For City & State 4. FEI Number 59-3201224 Not Applicable \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name A.G.C. CO. Street Address (P.O. Box Number is Not Acceptable) 200 S. ORANGE AVENUE **SUITE 2300** ORLANDO FL 32801 Zip Code City 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Addition Delete TITLE RYLANDS, BARBARA NAME STREET ADDRESS 4207 CURRY FORD ROAD STREET ADDRESS CITY-ST-ZIP ORLANDO FL CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE SIEGEL, SARA NAME NAME 1031 W MORSE BLVD #160 STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP WINTER PARK FL 32789. M Change ☐ Addition ☐ Delete TITLE FRYER, RICHARD NAME NAME STREET ADDRESS STREET ADDRESS 5310 DIPLOMAT CIRCLE CITY-ST-7IP CITY-ST-ZIP ORLANDO FL 32810 Change ☐ Addition ☐ Delete TITLE TITLE Jennings, Belton e III NAME NAME P.O. BOX 587 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32802-0587 Change Addition TITLE Delete TITLE Huskey, Budge NAME NAME 2160 W HWY 434 #100 STREET ADDRESS E. WASHINGTON STREET ADDRESS CITY-ST-ZIP LONGWOOD FL CITY-ST-ZIP ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ertify 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 report or supplemental reports 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 the receiver or trust as movement in the execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if ment with 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 is report or supplemental reports 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 the receiver or trust as a movement of the receiver of trust as a movement of the receiver of the receiver of trust and that my name appears in Block 11 or Block 12 if the receiver of trust as a movement of trust and the receiver of trust as a movement of the receiver of trust as a movement of trust as a movement of the receiver of trust as a movement of the receiver of trust as a movement of trust 13. I here!