

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 22, 2001 8:00 am
Secretary of State

01-22-2001 90098 039 ***150.00

DOCUMENT # P93000082153

1. Entity Name
THE OLD SANFORD FIREHOUSE CORPORATION

| | |
|--|---|
| Principal Place of Business 109 PALMETTO AVE. SANFORD FL 32771 | Mailing Address GELBER & COMPANY 285 N.W. 199TH STREET #204 MIAMI FL 33169 US |
|--|---|

C0007162



DO NOT WRITE IN THIS SPACE

| | | | |
|--------------------------------|--|---|---------------------------------------|
| 2. Principal Place of Business | 3. Mailing Address GELBER & COMPANY Suite, Apt. #, etc. 285 N.W. 199th STREET, #204 | 4. FEI Number 59-3229164 | Applied For Not Applicable |
| Suite, Apt. #, etc. | City & State MIAMI, FL 33169 | 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| City & State | Zip 305-651-8000 | Country | |
| Zip | Country | Country | |

| | |
|---|--|
| 6. Name and Address of Current Registered Agent FARRELL, BARBARA E 109 PALMETTO AVE. SANFORD FL 32771 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
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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 _____

| | | | |
|---|---|---|------------------------------------|
| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/> | FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | \$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 | DPST FARRELL, BARBARA E 109 PALMETTO AVE SANFORD FL <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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: Barbara E Farrell **1/14/2001** **(407) 321-0100**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0212578

CR2E034 (10/00)