## 2000 UNIFORM BUSINESS REPORT (UBR)

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

## **FILED** DOCUMENT # P93000085763 May 01, 2000 8:00 am 1. Entity Name Secretary of State 20 SOUTH ORANGE AVENUE CORP. 05-01-2000 90012 011 \*\*\*150.00 Principal Place of Business Mailing Address 205 SOUTH EOLA DRIVE 205 SOUTH EOLA DRIVE ORLANDO FL 32801-2827 ORLANDO FL 32801 2. Principal Place of Business 3. Mailing Address 10311 Orangewood Boulevard 10311 Orangewood Boulevard Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 59-3222875 Orlando, Florida Not Applicable Orlando, Florida Zip Country \$8.75 Additional Country Zip 5. Certificate of Status Desired 32821 USA Fee Required 32821 USA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent HARTMAN, JAMES A HARTMAN, JAMES A Street Address (P.O. Box Number is Not Acceptable) 205 S. EOLA DRIVE ORLANDO FL 32801 10311 Orangewood Boulevard Zip Code FL 32821 Orlando. ubmits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named April 14, 2000 SIGNATURE (NOTE: Registered Agent signature required when reinstating) or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 s eligible to satisfy its Intangible 9. This corporation 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 OFFICERS AND DIRECTORS 12. 11. Change PST ☐ Addition ☐ Delete TITLE TITLE HARTMAN, JAMES A NAME 10311 Orangewood Boulevard STREET ADDRESS 205 SOUTH EOLA DRIVE STREET ADDRESS CITY-ST-ZIP Orlando, Florida 32821 CITY-ST-ZIP ORLANDO FL 32801 Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Change Addition Delete TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

April 14, 2000

407-370-6454

Daytime Phone #