

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000014712

1. Entity Name

MAIN GATE MANAGEMENT, INC.

FILED

May 18, 2000 8:00 am
Secretary of State

05-18-2000 90301 014 ***150.00

Principal Place of Business

Mailing Address

5678 IRLO BRONSON HWY.
KISSIMMEE FL 34746

5678 IRLO BRONSON HWY.
KISSIMMEE FL 34746-4709

2. Principal Place of Business

14500 Continental Gateway

3. Mailing Address

14500 Continental Gateway

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Orlando, Florida

City & State

Orlando, Florida

4. FEI Number

59-3222906

Applied For

Not Applicable

Zip

32821

Country

USA

Zip

32821

Country

USA

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

WHAPLES, TERRY

5678 IRLO BRONSON HWY.

KISSIMMEE FL 34746

Name

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

14500 Continental Gateway

City

Orlando

FL

Zip Code

32821

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. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME P
STREET ADDRESS WHAPLES, TERRY
CITY-ST-ZIP 5678 IRLO BRONSON HWY.
KISSIMMEE FL

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 14500 Continental Gateway
CITY-ST-ZIP Orlando, Florida 32821

TITLE ☐ Delete
NAME V
STREET ADDRESS LANDWIRTH, HENRI
CITY-ST-ZIP 5401 KIRKMAN RD., SUITE 300
ORLANDO FL

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 2320 S. 3rd St. Suite #1
CITY-ST-ZIP Jacksonville Beach, FL 32250

TITLE ☐ Delete
NAME V
STREET ADDRESS QUINN, JOHN H
CITY-ST-ZIP P.O. BOX 941539 N/A
MAITLAND FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME D
STREET ADDRESS GLENN, JOHN
CITY-ST-ZIP 7208 EAGLE RIDGE DR.
BETHESDA MD 20817

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME ST
STREET ADDRESS CASSARA, JR. MICHAEL D.
CITY-ST-ZIP 1335 S.R. 535
ORLANDO FL

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 14500 Continental Gateway
CITY-ST-ZIP Orlando, FL 32821

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 life empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)