2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2001 8:00 am
Secretary of State
05-22-2001 90034 033 ***150.00

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DO NOT WRITE IN THIS SPACE

DOCUMENT # P94000018150

1. Entity Name
NORTH STAR MANAGEMENT GROUP, INC

Principal Place of Business
~~530 E. CENTRAL 1202~~
~~ORLANDO FL 32801~~

Mailing Address
~~SAME~~

2. Principal Place of Business		3. Mailing Address	
530 E. CENTRAL		530 E. Central	
Suite, Apt. #, etc. 1202		Suite, Apt. #, etc. 1202	
City & State ORLANDO, FL		City & State ORLANDO, FL	
Zip 32801	Country US	Zip 32801	Country US

4. FEI Number 593239819 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
Mantzaris, Daniel F.
332 N. Magnolia Ave.
Orlando, FL 32801

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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, 2001 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	PRESIDENT ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	GEORGE E. CHEROS	NAME	
STREET ADDRESS	530 E CENTRAL BLVD #1202	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 32801	CITY-ST-ZIP	
TITLE	VP ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	LYNDA K. CHEROS	NAME	
STREET ADDRESS	530 E CENTRAL BLVD #1202	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 32801	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
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CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: G.E. Cheros 5/1/01 407-872-1712
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)