

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000043521

1. Entity Name

AANTSME MANAGEMENT, INC.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 APR 25 PM 3:00

Principal Place of Business

Mailing Address

115 MARKS ST.  
ORLANDO FL 32803

115 MARKS ST.  
ORLANDO FL 32803-3816

2. Principal Place of Business

2250 N. ORANGE BLOSSOM TRAIL

3. Mailing Address

2250 N. ORANGE BLOSSOM TRAIL

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

ORLANDO, FL

City & State

ORLANDO, FL

4. FEI Number

59-3259659

Applied For

Not Applicable

Zip

32804

Country

USA

Zip

32804

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

MARSHALL, BYRD F JR.  
GRAY, HARRIS & ROBINSON, P.A.  
201 E. PINE STREET, SUITE 1200  
ORLANDO FL 32801

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, 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 D  
STREET ADDRESS WILSON, CHARLES H  
CITY-ST-ZIP 115 MARKS ST.  
ORLANDO FL 32803

TITLE ☐ Delete  
NAME P  
STREET ADDRESS MCINTYRE, THOMAS  
CITY-ST-ZIP 115 MARKS ST  
ORLANDO FL 32803

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME 2250 N. ORANGE BLOSSOM TRAIL  
STREET ADDRESS ORLANDO, FL 32804  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME 2250 N. ORANGE BLOSSOM TRAIL  
STREET ADDRESS ORLANDO, FL 32804  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME 300003222643--0  
STREET ADDRESS -04/25/00--01036--007  
CITY-ST-ZIP \*\*\*\*\*450.00 \*\*\*\*\*150.00

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

TITLE ☐ Change ☐ Addition  
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 like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/00

Date

(407) 839-3939

Daytime Phone #

CR2E034 (9/99)