

2001 UNIFORM BUSINESS REPORT (UBR)

02-11-2002 90125 001 ***750.00
P94000051290

DOCUMENT # P94000051290

1. Entity Name
WINTER PARK REALTY, INC.

Principal Place of Business
2200 WINTER SPRINGS Blvd.
STE. 106 - 201
OVEIDO FL 32765

Mailing Address
2200 WINTER SPRINGS
STE. 106 - 201
OVEIDO FL 32765

c/o Kerry Dreggors
PO Box 1205

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Cocneva, FL

4. FEI Number
59-3253739

Applied For
Not Applicable

Zip Country

Zip Country
32732 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

DREGGORS, KERRY I
2200 WINTER SPRINGS Blvd.
STE. 106 - 201
OVEIDO FL 32765

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: KERRY Dreggors Pres. Kerry Dreggors

(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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 NAME ☐ Delete
P DREGGORS, KERRY I
STREET ADDRESS 2200 WINTER SPRINGS STE 106 - 201
CITY-ST-ZIP OVEIDO FL 32765

TITLE NAME ☐ Change ☐ Addition
000005610150
-05/24/02--01044--001
*****158.75 *****158.75

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Change ☐ Addition
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

02 MAY 13 PM 2:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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