

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P9500000 2993 R**

FILED

1. Entity Name

Windermere Management, Inc.

00 SEP -8 AM 9:52

Principal Place of Business

Mailing Address

**1644 Imperial Palms Dr 3003 Blakely Dr
Apopka, FL 32712 Orlando, FL 32835**

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

19904

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3379798

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**AMAR RAMDASS
3003 Blakely Dr.
Orlando, FL 32835**

7. Name and Address of New Registered Agent

Name **AMAR RAMDASS**
Street Address (P.O. Box Number is Not Acceptable)
3003 Blakely Dr.
City **Orlando** FL Zip Code **32835**

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 **Amar Ramdass**

Signature, typed or printed name of registered agent and this applicant

(NOTE: Registered Agent signature required when reinstating)

8/11/00
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 - **\$5.00** May Be
Trust Fund Contribution. ☐ Added to Fees

11. OFFICERS AND DIRECTORS

TITLE PS	Savitei Singh <input type="checkbox"/> Delete
NAME	1644 Imperial Palms Dr
STREET ADDRESS	Apopka, FL 32712
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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: **Savitei Singh**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/11/00 **407**
925-8520
Date Daytime Phone #

CR2E034 (9/99)

DOC #5 P95000002993
19904 & 19905

To: Dept of State

From Amar Ram Dass

The two attached forms are requested
for reinstatement as we never received the
original forms sent.

Also please change the registered agent
name and address.

Thank you.

Amar Ram Dass
8/1/90