

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **PA5000002993** R

FILED

1. Entity Name

Windermere Management, Inc.

00 SEP -8 AM 9:52

Principal Place of Business: **1644 Imperial Palms Dr Apopka, FL 32712**
 Mailing Address: **3003 Blakely Dr Orlando, FL 32835**

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
19904

[Handwritten Signature]

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
 Zip Country

4. FEI Number: **59-3379798**
 Applied For: Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

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: *[Handwritten Signature]*

8/11/00
 DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$500.00
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: PS	NAME: Savitri Singh	STREET ADDRESS: 1644 Imperial Palms Dr	CITY-ST-ZIP: Apopka, FL 32712	<input type="checkbox"/> Delete
TITLE:	NAME:	STREET ADDRESS:	CITY-ST-ZIP:	<input type="checkbox"/> Delete
TITLE:	NAME:	STREET ADDRESS:	CITY-ST-ZIP:	<input type="checkbox"/> Delete
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TITLE:	NAME:	STREET ADDRESS:	CITY-ST-ZIP:	<input type="checkbox"/> Delete

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

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: *[Handwritten Signature]*

8/11/00 407
 925-8520
 Date: Depute Phone #

CR2E034 (9/99)

DOC#5 P95000002993
1994 & 1995

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
8/1/95