CR2E034 (10/02)

FILED

Jan 15, 2003 8:00 am Secretary of State

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

P95000022077 DOCUMENT

1. Entity Name



01-15-2003 90187 022 ***150.00 NEW ENGLAND AVENUE DEVELOPMENT COMPANY Principal Place of Business Mailing Address 533 W NEW ENGLAND 533 W NEW ENGLAND **47666000** SHITE C SUITE C WINTER PARK FL 32789 WINTER PARK FL 32789 US 2. Principal Place of Business 3. Mailing Address o Box Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For PL 59-3303282 "MTPM Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 790-0350 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BELLOWS, DANIEL B. Street Address (P.O. Box Number is Not Acceptable) 533 W NEW ENGLAND AVE SUITE C WINTER PARK FL 32789 City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Make Chick Payable to Florida Department of State Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Addition MAHER, STEVEN R NAME NAME STREET ADDRESS 631 W MORSE BLVD, SUITE 200 STREET ADDRESS CITY-ST-ZIP WINTER PARK FL 32789 CITY-ST-ZIP TITLE VPST Delete TITLE ☐ Change ☐ Addition NAME BELLOWS, DANIEL B NAME STREET ADDRESS P.O. BOX 350 STREET ADDRESS WINTER PARK FL 32790-0350 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change noitibhA BELLOWS, DANIEL B NAME STREET ADDRESS PO BOX 350 STREET ADDRESS CITY-ST-ZIP WINTER PARK FL 32790-0350 CITY-ST-ZIP TITLE ☐ Delete TITLE

CITY-ST-ZIP 12. 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 10 or Block 11 if

NAME

TITLE

NAME

TITLE

NAME

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HE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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