

2000 UNIFORM BUSINESS REPORT (UBR)

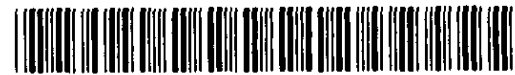
FILED
Mar 02, 2000 8:00 am
Secretary of State
 03-02-2000 90099 043 ***150.00

DOCUMENT # P95000063117

1. Entity Name
TATE PROPERTIES, INC.

Principal Place of Business Mailing Address
2453 ORLANDO CENTRAL PKWY 2453 ORLANDO CENTRAL PKWY
ORLANDO FL 32809 ORLANDO FL 32809-5619

| | | | | | | | |
|--------------------------------|---------|---------------------|---------|---|--|---------------------------------------|--|
| 2. Principal Place of Business | | 3. Mailing Address | | 4. FEI Number 59-3335283 | | Applied For | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | | Not Applicable | |
| City & State | | City & State | | 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| Zip | Country | Zip | Country | | | | |



DO NOT WRITE IN THIS SPACE

| | | | | | | | |
|---|--|--|--|--|-----------|----------|--|
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | | | |
| LATIMER, DUANE 1950 COVE COLONY RD MAITLAND FL 32751 | | | | 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 *Duane Latimer* DATE 1-7-00

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| | | |
|---|---|--|
| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/> | 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. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|---|--|

| 11. OFFICERS AND DIRECTORS | | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
|----------------------------|---------------------------------|---------------------------------|---|-----------------------------------|--|
| TITLE | NAME | <input type="checkbox"/> Delete | TITLE | NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | CEO | | STREET ADDRESS | | |
| CITY-ST-ZIP | TATE, WILLIAM A | | CITY-ST-ZIP | | |
| | 2931 SUMMERFIELD RD. | | | | |
| | WINTER PARK FL | | | | |
| TITLE | NAME | <input type="checkbox"/> Delete | TITLE | NAME | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | P | | STREET ADDRESS | 1633 Dormont Ln | |
| CITY-ST-ZIP | TATE, JOHN A | | CITY-ST-ZIP | Orlando, FL 32804 | |
| | 11505 OSPREY POINT BLVD. | | | | |
| | CLEMONT PL | | | | |
| TITLE | NAME | <input type="checkbox"/> Delete | TITLE | NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | D | | STREET ADDRESS | | |
| CITY-ST-ZIP | TATE, HELEN B | | CITY-ST-ZIP | | |
| | 2931 SUMMERFIELD RD | | | | |
| | WINTER PARK FL 32792 | | | | |
| TITLE | NAME | <input type="checkbox"/> Delete | TITLE | NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | D | | STREET ADDRESS | | |
| CITY-ST-ZIP | LATIMER, DUANE A | | CITY-ST-ZIP | | |
| | 1950 COVE COLONY RD | | | | |
| | MAITLAND FL 32757 | | | | |
| TITLE | NAME | <input type="checkbox"/> Delete | TITLE | NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | D | | STREET ADDRESS | | |
| CITY-ST-ZIP | DECKER, SHARON L | | CITY-ST-ZIP | | |
| | 212 ROBIN LEE RD. | | | | |
| | OVIEDO FL 32765 | | | | |
| TITLE | NAME | <input type="checkbox"/> Delete | TITLE | NAME | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | D | | STREET ADDRESS | P.O. Box 6935 | |
| CITY-ST-ZIP | SULLIVAN, SANDRA | | CITY-ST-ZIP | Snowmass Village, CO 81615 | |
| | 1511 VIA TUSCANY | | | | |
| | WINTER PARK FL 32789 | | | | |

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: *Duane Latimer* DATE 1-7-00 DAYTIME PHONE # 407-851-5122

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)