

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000055295

1. Entity Name

INTERLACHEN PORTFOLIO MANAGEMENT COMPANY

Principal Place of Business

250 PARK AVE SOUTH
SUITE 625
WINTER PARK FL 32789
US

Mailing Address

P.O. BOX 1916
WINTER PARK FL 32790-1916
US

2. Principal Place of Business

200 E. New England Avenue

3. Mailing Address

200 E. New England Avenue

Suite, Apt. #, etc.

#200

Suite, Apt. #, etc.

City & State

Winter Park, FL

City & State

Zip

Country

32789

Orange

Zip

Country

4. FEI Number

59-3401153

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BRADFORD, CARTER A
130 HILLCREST STREET
ORLANDO FL 32801

7. Name and Address of New Registered Agent

Name

C. Baxter Bode

Street Address (P.O. Box Number is Not Acceptable)

200 E. New England Avenue

Suite #200

City

Winter Park, FL

FL

Zip Code

32789

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

Signature, typed or printed name of registered agent and title if applicable.

(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 \$150.00
After MAY 1, 2001 Fee will be \$550.00
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

TITLE ☐ Delete
NAME D
STREET ADDRESS 250 PARK AVENUE SOUTH SUITE 625
CITY-ST-ZIP WINTER PARK FL 32789

TITLE ☐ Delete
NAME AST
STREET ADDRESS BODE, SUSAN B
CITY-ST-ZIP 250 PARK AVENUE SOUTH SUITE 625
WINTER PARK FL 32789

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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TITLE ☐ Change ☐ Addition
NAME
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

3-02-2001
Daytime Phone #

FILED
Apr 23, 2001 8:00 am
Secretary of State

04-23-2001 90226 013 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)