2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered

FILED DOCUMENT # **P96000060070** Mar 10, 2000 8:00 am APOPKA RETAIL PARTNERS, INC. **Secretary of State** 03-10-2000 90011 026 ***150.00 Mailing Address Principal Place of Business 200 PASADENA PLACE 200 PASADENA PLACE ORLANDO FL 32803-3828 ORLANDO FL 32803 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0689818 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7.-Name and Address of New Registered Agent 6.-Name and Address of Current Registered Agent-BRANDON, STEPHEN E Street Address (P.O. Box Number is Not Acceptable) 200 PASADENA PLACE ORLANDO FL 32803 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition PD TITLE ☐ Delete TITLE BRANDON, W E NAME NAME 200 PASADENA PLACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32803 CITY-ST-ZIE Addition ☐ Change ☐ Delete TITLE TITLE **BRANDON, JEFFREY** NAME 5761 BIRD ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33155** ☐ Change [] Addition STD ☐ Delete TITLE TITLE BRANDON, STEPHEN E NAME NAME 200 PASADENA PLACE STREET ADDRESS STREET ADDRESS ORLANDO FL 32803 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Addition TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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