2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # **P96000060070** APOPKA RETAIL PARTNERS, INC.

FILED Feb 28, 2001 8:00 am Secretary of State

02-28-2001 90026 026 ***150.00

Principal Place	e of Business	Mailing Address	Mailing Address					
00 pasadena place Rlando fl 32803 S		200 PASADENA PLACE ORLANDO FL 32803 US						
2. Principal Pl	ace of Business	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE			
City & State		City & State		4. FEI Numb	er 65-0689818		oplied For ot Applicable	
Zip Country		Zip	Country	5. Certificate	of Status Desired	\$8.75 Add Fee Require	ditional d	
	6. Name and Address of Curren	t Registered Agent		7. Name and	Address of New Register	red Agent		
	·		Name			-		
200 F	ndon, stephën e Pasadena place Ando fl 32803		Street Addre	ss (P.O. Box Numb	er is Not Acceptable)			
OND	1100 1 2 32003		City			Zip Cod	le	
8 The above	named entity submits this statement	for the number of changing H	te registered office or regi	etered agent or he	oth in the State of Florida			
SIGNATURE .	Signature, typed or printed name of registered age		OTE: Registered Agent signature rec	juired when reinstating)	D.	ATE		
 This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) 		After MAY 1, 2	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of Si		ection Campaign Financing rust Fund Contribution.		00 May Be d to Fees	
11,		D DIRECTORS	12.	ADDITIONS	/CHANGES TO OFFICERS	AND DIRECTOR	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BRANDON, W E 200 PASADENA PLACE	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS	VD BRANDON, JEFFREY 5761 BIRD ROAD	☐ Delete	TITLE NAME STREET ADDRESS			Change	Addition	
TITLE NAME STREET ADDRESS	MIAMI FL 33155 STD BRANDON, STEPHEN E 200 PASADENA PLACE	☐ Delete	CITY-ST-ZIP TITLE NAME STREET ADDRESS			☐ Change	Addition	
CITY-\$1-ZIP	ORLANDO FL 32803		CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Additio	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Additio	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Additio	

13. Thereby 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:

078354000