

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED****Jan 21, 2000 08:00 AM****Secretary of State****DOCUMENT # P96000071815****1. Entity Name****J & R INVESTMENTS OF ORLANDO, INC.****Principal Place of Business**400 EAST SOUTH STREET  
SUITE 500  
ORLANDO  
32801

FL

**Mailing Address**400 EAST SOUTH STREET  
SUITE 500  
ORLANDO  
32801

FL

**2. Principal Place of Business**

450 S. ORANGE AVENUE

**3. Mailing Address**

450 S. ORANGE AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

**City & State**

ORLANDO

FL

**City & State**

ORLANDO

FL

**4. FEI Number****59-3400776****Applied For****Not Applicable**Zip  
32801

Country

Zip  
32801

Country

**5. Certificate of Status Desired**☐**\$8.75** Additional  
Fee Required**6. Name and Address of Current Registered Agent**BOURNE ROBERT A.  
400 E SOUTH ST. STE 500ORLANDO  
32801

FL

US

**7. Name and Address of New Registered Agent****Name**

BOURNE ROBERT A

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

450 S. ORANGE AVENUE

City  
ORLANDO

FL

Zip Code  
32801**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 ROBERT A. BOURNE**

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

(NOTE: Registered Agent signature required when reinstating)

**01/21/2000**

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, 2000 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          | S                         | <input type="checkbox"/> Delete |
|----------------|---------------------------|---------------------------------|
| NAME           | ROSE LYNN E.              |                                 |
| STREET ADDRESS | 400 E. SOUTH ST., STE 500 |                                 |
| CITY-ST-ZIP    | ORLANDO FL                |                                 |

| TITLE          | PTD                       | <input type="checkbox"/> Delete |
|----------------|---------------------------|---------------------------------|
| NAME           | BOURNE ROBERT A.          |                                 |
| STREET ADDRESS | 400 E. SOUTH ST., STE 500 |                                 |
| CITY-ST-ZIP    | ORLANDO FL                |                                 |

| TITLE          | DCCE                    | <input type="checkbox"/> Delete |
|----------------|-------------------------|---------------------------------|
| NAME           | SENEFF JAMES MJR        |                                 |
| STREET ADDRESS | 400 E SOUTH ST, STE 500 |                                 |
| CITY-ST-ZIP    | ORLANDO FL              |                                 |

| TITLE          |  | <input type="checkbox"/> Delete |
|----------------|--|---------------------------------|
| NAME           |  |                                 |
| STREET ADDRESS |  |                                 |
| CITY-ST-ZIP    |  |                                 |

| TITLE          |  | <input type="checkbox"/> Delete |
|----------------|--|---------------------------------|
| NAME           |  |                                 |
| STREET ADDRESS |  |                                 |
| CITY-ST-ZIP    |  |                                 |

| TITLE          |  | <input type="checkbox"/> Delete |
|----------------|--|---------------------------------|
| NAME           |  |                                 |
| STREET ADDRESS |  |                                 |
| CITY-ST-ZIP    |  |                                 |

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

| TITLE          | S                    | <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition |
|----------------|----------------------|--------------------------------------------|-----------------------------------|
| NAME           | ROSE LYNN E          |                                            |                                   |
| STREET ADDRESS | 450 S. ORANGE AVENUE |                                            |                                   |
| CITY-ST-ZIP    | ORLANDO FL 32801     |                                            |                                   |

| TITLE          | PTD                  | <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition |
|----------------|----------------------|--------------------------------------------|-----------------------------------|
| NAME           | BOURNE ROBERT A      |                                            |                                   |
| STREET ADDRESS | 450 S. ORANGE AVENUE |                                            |                                   |
| CITY-ST-ZIP    | ORLANDO FL 32801     |                                            |                                   |

| TITLE          | DCCE                 | <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition |
|----------------|----------------------|--------------------------------------------|-----------------------------------|
| NAME           | SENEFF JAMES MJR     |                                            |                                   |
| STREET ADDRESS | 450 S. ORANGE AVENUE |                                            |                                   |
| CITY-ST-ZIP    | ORLANDO FL 32801     |                                            |                                   |

| TITLE          |  | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|----------------|--|---------------------------------|-----------------------------------|
| NAME           |  |                                 |                                   |
| STREET ADDRESS |  |                                 |                                   |
| CITY-ST-ZIP    |  |                                 |                                   |

| TITLE          |  | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|----------------|--|---------------------------------|-----------------------------------|
| NAME           |  |                                 |                                   |
| STREET ADDRESS |  |                                 |                                   |
| CITY-ST-ZIP    |  |                                 |                                   |

| TITLE          |  | <input type="checkbox"/> Change | <input type="checkbox"/> 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: LYNN E. ROSE**

S

01/21/2000