

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000078782

1. Entity Name

FLORIDA PROPERTY WORLD, INC.

FILED
Apr 07, 2000 8:00 am
Secretary of State

04-07-2000 90045 036 ***150.00

Principal Place of Business

4151 WEST VINE STREET
KISSIMMEE FL 34741
US

Mailing Address

4151 WEST VINE STREET
KISSIMMEE FL 34741-4542
US

2. Principal Place of Business

4145 WEST VINE ST

Suite, Apt. #, etc.

3. Mailing Address

4145 WEST VINE ST

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

KISSIMMEE FL

City & State

KISSIMMEE FL

4. FEI Number

59-3406883

Applied For

Not Applicable

Zip

34741

Country

USA

Zip

34741

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LAWRENCE, RICHARD C
2941 PEMBRIDGE STREET
KISSIMMEE FL 34747

Name

LAWRENCE RICHARD C

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

9708 AVALON WOODS DRIVE

City

WINTER GARDEN

FL

Zip Code

34787

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

RICHARD C. LAWRENCE

4/4/2000

(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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PMD	<input type="checkbox"/> Delete
NAME	LAWRENCE, RICHARD	
STREET ADDRESS	2941 PEMBRIDGE STREET	
CITY-ST-ZIP	KISSIMMEE FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	LAWRENCE, HAYRIYE	
STREET ADDRESS	2941 PEMBRIDGE STREET	
CITY-ST-ZIP	KISSIMMEE 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		

TITLE	PMD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAWRENCE RICHARD	
STREET ADDRESS	9708 AVALON WOODS DRIVE	
CITY-ST-ZIP	WINTER GARDEN, FL 34787	
TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAWRENCE HAYRIYE	
STREET ADDRESS	9708 AVALON WOODS DRIVE	
CITY-ST-ZIP	WINTER GARDEN, FL 34787	
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:

[Signature] RICHARD C LAWRENCE 4/4/2000 407/931-2788

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)