

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000081745

1. Entity Name

TOWN LOOP GROUP, INC.

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90055 038 ***150.00

Principal Place of Business

931 WEST OAK STREET
 SUITE 105
 KISSIMMEE FL 34741

Mailing Address

PO BOX 422557
 KISSIMMEE FL 34742-2557
 US

2. Principal Place of Business

102 PARK PLACE BLVD

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.
 STE B-3

City & State
 KISSIMMEE, FL

City & State

Zip
 34741

Country
 OSCEOLA

Zip

Country

4. FEI Number 59-3402551

Applied For

Not Applicable

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

BUIKEMA, KENNETH A
 2425 ROAT DRIVE
 ORLANDO FL 32835

Name

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

City

FL

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

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, 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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 D BUIKEMA, KENNETH E
 2425 ROAT DRIVE
 ORLANDO FL 32835 ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 D NUGENT, CYNTHIA
 2425 ROAT DRIVE
 ORLANDO FL 32835 ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 D COLE, KEVIN S
 5125 THE OAKS DRIVE
 EDGEWOOD FL 32809 ☐ Delete

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

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 CITY-ST-ZIP
☐ Change ☐ Addition

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

Date

Daytime Phone #

CYNTHIA NUGENT 4/25/00 407-933-2652

CR2E034 (9/99)