

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000090071

1. Entity Name

CHRISTINA S. WINSTON, INC.

FILED

Mar 14, 2000 8:00 am  
Secretary of State

03-14-2000 90087 018 \*\*\*150.00

Principal Place of Business

Mailing Address

11673 JUREANE DRIVE  
ORLANDO FL 32836

11673 JUREANE DRIVE  
ORLANDO FL 32818-7829

RUUGJJJJ

2. Principal Place of Business

8217 Baywest Court

Suite, Apt. #, etc.

3. Mailing Address

8217 Baywest Court

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Orlando

City & State

Orlando

4. FEI Number

59-3439962

Applied For

Not Applicable

Zip

FL

Country

32815

Zip

FL

Country

32815

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

WINSTON, ARTHUR  
11673 JUREANE DR.  
ORLANDO FL 32836

Name

Arthur Winston

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

6813 West Colonial Drive

City

Orlando

FL

32818

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

Arthur Winston

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3/9/00

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 D ☐ Delete  
NAME WINSTON, CHRISTINA S  
STREET ADDRESS 11673 JUREANE DRIVE  
CITY-ST-ZIP ORLANDO FL 32836

TITLE Winston, Christina S. ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP Orlando, FL 32835

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Christina S. Winston

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/09/00

Date

Daytime Phone #

407-294-9600

CR2E034 (9/99)