

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2002 8:00 am
Secretary of State

01-23-2002 90072 002 ***150.00

1. M 132 AV

DOCUMENT # P96000099814
 1. Entity Name
CLASSIC PROPERTIES OF CENTRAL FLORIDA, INC.

Principal Place of Business 2020 WINTER SPRINGS BLVD OVIEDO FL 32765 US	Mailing Address 2020 WINTER SPRINGS BLVD PO BOX 620537 OVIEDO FL 32762 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-3418682	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		

6. Name and Address of Current Registered Agent
DAVIS, CELITA B
2020 WINTER SPRINGS BLVD
OVIEDO FL 32765

7. Name and Address of New Registered Agent
 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, 2002 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	
T NAME: SEWARD, DOUGLAS P STREET ADDRESS: 2020 WINTER SPGS BLVD. CITY-ST-ZIP: OVIEDO FL 32765	<input type="checkbox"/> Delete
P NAME: DAVIS, ALAN D STREET ADDRESS: 2020 WINTER SPGS BLVD. CITY-ST-ZIP: OVIEDO FL 32765	<input type="checkbox"/> Delete
S NAME: DAVIS, CELITA B STREET ADDRESS: 2020 WINTER SPGS BLVD. CITY-ST-ZIP: OVIEDO FL 32765	<input type="checkbox"/> Delete
V NAME: JULIE EASON SMITH STREET ADDRESS: 2060 WINTER SPRINGS BLVD CITY-ST-ZIP: OVIEDO, FL 32765	<input type="checkbox"/> Delete
	<input type="checkbox"/> Delete
	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 supplement 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 REQUIRED PRES 1/8/02 407-699-0230
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)