

2000 UNIFORM BUSINESS REPORT (UBR)

00950X

DOCUMENT # P96000102138

1. Entity Name
METRO PLACE, INC.

FILED

00 MAR 10 PM 4:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
3300 SOUTH HIAWASSEE ROAD., STE 107
ORLANDO FL 32835

Mailing Address
PO BOX 4961
ORLANDO FL 32802-4961
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
800 N. HIGHLAND AVE.

3. Mailing Address
Suite, Apt. #, etc.

Suite, Apt. #, etc.
SUITE 200

City & State
ORLANDO, FL

City & State
ORLANDO, FL

Zip
32803

Country
USA

4. FEI Number **62-1667821**

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

B&C CORP. SERVICES OF CENTRAL FLORIDA
390 N ORANGE AVE
SUITE 1100
ORLANDO FL 32801

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
500003178356--0
-03/21/00--01101--017
City
*****150.00 PL ***150.00**

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.

LS

SIGNATURE _____ (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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS CARLTON, CHARLES S 3300 SOUTH HIAWASSEE ROAD., STE 107 ORLANDO FL 32835	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KROPP, STEVEN G 3200 SOUTH HIAWASSEE ROAD., STE 206 ORLANDO FL 32835	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPAS MCKINNEY, EUGENE J 3200 SOUTH HIAWASSEE ROAD., STE 206 ORLANDO FL 32835	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPAT LAWLER, THOMAS P 3200 SOUTH HIAWASSEE ROAD., STE 206 ORLANDO FL 32835	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT WILLNER, DAVID M 3200 SOUTH HIAWASSEE ROAD., STE 206 ORLANDO FL 32835	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 800 N. HIGHLAND AVE., SUITE 200 ORLANDO, FL 32803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 800 N. HIGHLAND AVE., SUITE 200 ORLANDO, FL 32803
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 800 N. HIGHLAND AVE., SUITE 200 ORLANDO, FL 32803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition VP PEISNER, ERIC 800 N. HIGHLAND AVE., SUITE 200 ORLANDO, FL 32803

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: **STEVEN G. KROPP, PRESIDENT**

3-1-00

407/297-1600

CR2E034 (9/99)