

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000002785

1. Entity Name

MWK Lake Buena Vista I, Inc.
5905 International Drive
Orlando, FL 32819

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

06-08-2000 90029 046 ***150.00

Principal Place of Business

Mailing Address

6649 WESTWOOD BLVD.
130
ORLANDO FL 32821
US

6649 WESTWOOD BLVD.
130
ORLANDO FL 32821
US

2. Principal Place of Business

7380 Sand Lake Road

3. Mailing Address

7380 Sand Lake Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 120

Suite 120

City & State

City & State

Orlando, FL

Orlando, FL

Zip

Country

32819

USA

Zip

Country

32819

USA

4. FEI Number

593418434

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

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND
SUITE 1300
PLANTATION FL 33324

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	D	<input type="checkbox"/> Delete
NAME	Kessler, Richard C	
STREET ADDRESS	6649 Westwood Blvd Suite 130	
CITY-ST-ZIP	Orlando, FL 32821	
TITLE	D	<input type="checkbox"/> Delete
NAME	Harris, Edward C.	
STREET ADDRESS	58 Blackland Road	
CITY-ST-ZIP	Atlanta, GA 30342	
TITLE	M	<input type="checkbox"/> Delete
NAME	Dey, John A. Jr.	
STREET ADDRESS	6649 Westwood Blvd Suite 130	
CITY-ST-ZIP	Orlando, FL 32821	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	7380 Sand Lake Road Suite 120	
CITY-ST-ZIP	Orlando, FL 32819	
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	7380 Sand Lake Road Suite 120	
CITY-ST-ZIP	Orlando, FL 32819	
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/00

401-996-9999