

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000002794

1. Entity Name

MWK LAKE BUENA VISTA II, INC.

**FILED**  
**May 15, 2000 8:00 am**  
**Secretary of State**

05-15-2000 90226 041 \*\*\*150.00

Principal Place of Business

Mailing Address

5825 INTERNATIONAL DRIVE  
 ORLANDO FL 32819

6649 WESTWOOD BLVD  
 SUITE 130  
 ORLANDO FL 32821-6006  
 US

2. Principal Place of Business

7380 Sand Lake Road

3. Mailing Address

7380 Sand Lake Dr

Suite, Apt. #, etc.

Suite 120

Suite, Apt. #, etc.

Suite 120

City & State  
 Orlando, FL

City & State  
 Orlando, FL

Zip  
 32819

Country  
 USA

Zip  
 32819

Country  
 USA

4. FEI Number 59-3418317

Applied For  
 Not Applicable

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 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 RD.	
CITY-ST-ZIP	ATLANTA GA 30342	
TITLE	M	<input type="checkbox"/> Delete
NAME	DEY, JOHN A JR	
STREET ADDRESS	6649 WESTWOOD BLVD #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, Fe 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/27/00

(407) 996-9999

CR2E034 (9/99)