## 2002 UNIFORM BUSINESS REPORT (UBR)

## May 01, 2002 8:00 am Secretary of State **DOCUMENT #** P97000033245 1. Entity Name COLLEGE PARK LEGAL BUILDING, INC. 05-01-2002 91474 032 \*\*\*150.00 Principal Place of Business Mailing Address 2507 EDGEWATER DRIVE 2507 EDGEWATER DRIVE ORLANDO FL 32804 ORLANDO FL 32804 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3445164 Not Applicable Country Zip Country - ----\$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CHAMBERS, GENE T Street Address (P.O. Box Number is Not Acceptable) 2507 EDGEWATER DRIVE ORLANDO FL 32804 City 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 \$5.00 May Be (See criteria on back) Trust Fund Contribution. Make Check Payable to Department of State Added to Fees 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITI E ☐ Delete TITLE ☐ Change Addition CHAMBERS, GENE T NAME NAME STREET ADDRESS 2507 EDGEWATER DRIVE STREET ADDRESS CITY ST-ZIP ORLANDO FL 32804 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition □ Change NAME ... HELLER, RICHARD A NAME STREET ADDRESS 2507 EDGEWATER DRIVE STREET ADDRESS -CITY = ST-ZIP ORLANDO FL 32804 ~ CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME MONROE, JAMES H NAME STREET ADDRESS 2507 EDGEWATER DRIVE STREET ADDRESS CITY-ST-7IP ORLANDO FL 32804 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

**SIGNATURE:** 

T. Chambers, Sec/Tress. 04/18/02

(407) 872 - 7575

**FILED**