

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000046639

1. Entity Name

BPL MAITLAND CONCOURSE, INC.

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

05-08-2000 90219 015 ***150.00

Principal Place of Business

100 LINCOLN AVE.
WINTER PARK FL 32789

Mailing Address

P.O. BOX 3010
WINTER PARK FL 32790-3010
US

2. Principal Place of Business

250 Park Ave.

3. Mailing Address

Suite, Apt. #, etc.
Suite 630

Suite, Apt. #, etc.

City & State

Winter Park, FL

City & State

4. FEI Number

59-3450321

Applied For

Not Applicable

Zip

32789

Country

Orange

Zip

Country

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

BATTAGLIA, W. P.
100 LINCOLN AVE.
WINTER PARK FL 32789

Name

Street Address (P.O. Box Number is Not Acceptable)
250 Park Ave.

Suite 630

City

Winter Park

FL

Zip Code
32789

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 _____ 4/28/2000

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 NAME STREET ADDRESS CITY-ST-ZIP	D BATTAGLIA, R. E. 100 LINCOLN AVE WINTER PARK FL 32789 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 250 Park Ave., Suite 630 Winter Park, FL 32789
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BATTAGLIA, W. P. 100 LINCOLN AVE. WINTER PARK FL 32789 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 250 Park Ave., Suite 630 Winter Park, FL 32789
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

4/28/2000 407-622-1700

Date Daytime Phone #

CR2E034 (9/99)