

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000048266

1. Entity Name

EAST COLONIAL PROPERTY, INC.

FILED
Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90008 046 ***150.00

I. Principal Place of Business

Mailing Address

3300 S. HIAWASSEE RD

STE 107

ORLANDO FL 32835

3300 S. HIAWASSEE RD

STE 107

ORLANDO FL 32835-6350

2. Principal Place of Business

800 N. Highland Ave
Ste. Apt. #, etc.
200

City & State
Orlando, FL

Zip Country
32803 USA

Mailing Address

800 N. Highland Ave
Suite, Apt. #, etc.
200

City & State
Orlando, FL

Zip Country
32803 USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3456249

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

WILLIAMS, WARREN E
28 WEST CENTRAL BOULEVARD
ORLANDO FL 32801

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.

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\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS:

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	WILLIAMS, WARREN E	28 WEST CENTRAL BOULEVARD	ORLANDO FL 32801	<input type="checkbox"/>
DPS	CHIR, LEE	3300 S. HIAWASSEE RD STE 107	ORLANDO FL 32835	<input type="checkbox"/>
SV-	CARLTON, MICHELLE	3300 S. HIAWASSEE RD STE 107	ORLANDO FL 32835	<input type="checkbox"/>
AS	WOOD, GREG	3300 S. HIAWASSEE RD STE 107	ORLANDO FL 32835	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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

Date

Daytime Phone #

CR2E034 (9/99)