## 2000 UNIFORM BUSINESS REPORT (UBR)

## **FILED** DOCUMENT # P97000057752 Apr 10, 2000 8:00 am Secretary of State ORLANDO FLORIDA REALTY COMPANY 04-10-2000 90114 028 \*\*\*158.75 Mailing Address Principal Place of Business 5558 SLASH PINE COURT 3701 BROOKMYRA DRIVE ORLANDO FL 32811-2935 ORLANDO FL 32837 2. Principal Place of Business 5558 SLASH PINE CT. 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 59-3534465 Not Applicable ORLANdo Zip Country \$8.75 Additional 5. Certificate of Status Desired USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BROWN, RICHARD-P-Street Address (P.O. Box Number is Not Acceptable) 5558 SLASH PINE COURT ORLANDO FL 32811 Zip Code submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Olows SIGNATURE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12 PD ☐ Addition Delete TITLE BROWN, RICHARD P. 5558 SLASH PIÑE CT SALISBURY, LESTER NAME NAME 3701 BROOKMYRO DRIVE STREET ADDRESS STREET ADDRESS ORLANDO, FL 32811 ORLANDO FL 32837 CITY-ST-ZIP CITY-ST-ZiP Change ☐ Addition TITLE Delete TITLE STEELE, JOYCE NAME NAME STREET ADDRESS 1317 SHELTER ROCK ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL Change Addition TITLE Delete TITLE BROWN, LAURA A NAME NAME STREET ADDRESS 125-NORTH STREET STREET ADDRESS SARATOGA SPRINGS NY 12065 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE HERBERT, WILLIAM G NAME NAME 618 MARR STREET STREET ADDRESS STREET ADDRESS **TRUTHOR CONSEQUENCES MN 87901** CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE □ Delete TITLE NAME NAME STREET ADDRESS 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 supplied ental 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #