

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****May 07, 2000 8:00 am**
Secretary of State

05-07-2000 90004 043 ***150.00

DOCUMENT # P97000074506

1. Entity Name

ARO OF CENTRAL FLORIDA, INC.

Principal Place of Business

Mailing Address

500 S. PARK AVE., STE. 202
WINTER PARK FL 32789**P.O. BOX 1720**
WINTER PARK FL 32790-1720

2. Principal Place of Business

3. Mailing Address

301 S. ORLANDO AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 200**MAITLAND, FL**

City & State

Zip

Country

Zip

Country

32751

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3471413**

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

PRICE, PAMELA O
201 E PINE ST., STE. 1200
ORLANDO FL 32801

Name

RICHARD M. ROBINSON
Street Address (P.O. Box Number is Not Acceptable)
201 E. PINE STREET, SUITE 1200City **ORLANDO,****FL**Zip Code **32801**

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

Richard M. Robinson**4/6/00**

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 State10. 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 ☐ Delete
NAME **DPS**
STREET ADDRESS **HOLLER, ROGER W JR.**
CITY-ST-ZIP **500 S. PARK AVE., STE. 202**
WINTER PARK FL 32789TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **301 S. ORLANDO AVE., SUITE 200**
CITY-ST-ZIP **MAITLAND, FL 32751**TITLE ☐ Delete
NAME **DV**
STREET ADDRESS **HOLLER, ROGER W III**
CITY-ST-ZIP **500 S. PARK AVE., STE. 202**
WINTER PARK FL 32789TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **301 S. ORLANDO AVE., SUITE 200**
CITY-ST-ZIP **MAITLAND, FL. 32751**TITLE ☐ Delete
NAME **DV**
STREET ADDRESS **HOLLER, CHRISTOPHER A**
CITY-ST-ZIP **500 S. PARK AVE., STE. 202**
WINTER PARK FL 32789TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **301 S. ORLANDO AVE., SUITE 200**
CITY-ST-ZIP **MAITLAND, FL. 32751**TITLE ☐ Delete
NAME **DVT**
STREET ADDRESS **HOLLER, JULIETTE E**
CITY-ST-ZIP **500 S. PARK AVE., STE. 202**
WINTER PARK FL 32789TITLE ☒ Change ☐ Addition
NAME **JULIETTE E. HOLLER-ROGERS**
STREET ADDRESS **301 S. ORLANDO AVE., SUITE 200**
CITY-ST-ZIP **MAITLAND, FL 32751**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)