

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000092548

1. Entity Name

HOLDEN COVE, INC.

**FILED**  
**Jan 20, 2001 8:00 am**  
**Secretary of State**

01-20-2001 90090 045 \*\*\*150.00

Principal Place of Business

Mailing Address

~~222B SOUTH WESTMONTE DRIVE~~  
~~SUITE 211~~  
~~ALTAMONTE SPRINGS FL 32714~~

~~222B SOUTH WESTMONTE DRIVE~~  
~~SUITE 211~~  
~~ALTAMONTE SPRINGS FL 32714~~

2. Principal Place of Business

1101 N. Lake Destiny Rd.

3. Mailing Address

1101 N. Lake Destiny Rd.

Suite, Apt. #, etc.

Suite 475

Suite, Apt. #, etc.

Suite 475

City & State

Maitland, Florida

City & State

Maitland, Florida

Zip

32751

Country

USA

Zip

32751

Country

USA

4. FEI Number **59-3497599**

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

**BLACK, RONALD W**  
**222 SOUTH WESTMONTE DRIVE**  
**SUITE 211**  
**ALTAMONTE SPRINGS FL 32714**

Name **Ronald W. Black**

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

**1101 N. Lake Destiny Road**

**Suite 475**

City

**Maitland**

**FL**

Zip Code

**32751**

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, 2001 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

TITLE **D-** ☒ Delete  
NAME **BLACK, RONALD W-**  
STREET ADDRESS **222 SOUTH WESTMONTE DRIVE STE 211**  
CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32714**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME **PD**  
STREET ADDRESS **Black, Ronald W.**  
CITY-ST-ZIP **1101 N. Lake Destiny Rd., Suite 475**  
**Maitland, Fla. 32751**

TITLE ☐ Change ☒ Addition  
NAME **VP**  
STREET ADDRESS **Anthony Abraham**  
CITY-ST-ZIP **7813 Sugar Brook Court**  
**Orlando, Fla. 32819**

TITLE ☐ Change ☒ Addition  
NAME **ST**  
STREET ADDRESS **Patricia Abraham**  
CITY-ST-ZIP **7813 Sugar Brook Court**  
**Orlando, Fla. 32819**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ 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

Ronald W. Black

Jan 10, 2001 (407) 682 7700

Date

Daytime Phone #

CR2E034 (10/00)

0612641