

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 28, 2000 08:00 AM****Secretary of State****DOCUMENT # P97000102075****1. Entity Name**

CINNAMON COVE GP #26, INC.

Principal Place of Business

5601 WINDHOVER DRIVE

ORLANDO
32819

FL

Mailing Address

5601 WINDHOVER DRIVE

ORLANDO
32819

FL

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number**59-3488682****Applied For**☐ Not Applicable**5. Certificate of Status Desired**☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MARDER MICHAEL

135 W CENTRAL BLVD

STE 1100

ORLANDO

32801

US

FL

7. Name and Address of New Registered Agent

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)

04/28/2000

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**

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

TITLE	DPTS			<input type="checkbox"/> Delete
NAME	SIEGEL DAVID			
STREET ADDRESS	5601 WINDHOVER DRIVE			
CITY-ST-ZIP	ORLANDO	FL	32819	

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

TITLE				<input type="checkbox"/> Delete
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TITLE				<input type="checkbox"/> Delete
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STREET ADDRESS				
CITY-ST-ZIP				

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
T	DUGAN THOMAS F	5601 WINDHOVER DRIVE	ORLANDO FL 32819		

TITLE	DPS			<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SIEGEL DAVID				
STREET ADDRESS	5601 WINDHOVER DRIVE				
CITY-ST-ZIP	ORLANDO	FL	32819		

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

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

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

TITLE				<input type="checkbox"/> Change	<input type="checkbox"/> 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: THOMAS F. DUGAN****T 04/28/2000**