# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Jan 24, 2001 8:00 am**
**Secretary of State**
01-24-2001 90061 031 ***150.00

902469

DO NOT WRITE IN THIS SPACE

DOCUMENT # P98000003000

1. Entity Name
AR GNO PROPERTIES, INC.

Principal Place of Business
1525 S PINE RIDGE CIRCLE
SANFORD FL 32773

Mailing Address
1525 S PINE RIDGE CIRCLE
SANFORD FL 32773

2. Principal Place of Business
1525 S PINE RIDGE CIR
Suite, Apt. #, etc.

3. Mailing Address
SAME
Suite, Apt. #, etc.

City & State: SANFORD FL
Zip: 32773
Country: U.S.A

City & State
Zip
Country: U.S.A

4. FEI Number 59-3485404 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**
EDWARD R. ALEXANDER, JR., P.A.
7491 CONROY-WINDERMERE ROAD
STE 1
ORLANDO FL 32835

**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) 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 | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|---|---|
| TITLE | T ☐ Delete | TITLE | ☐ Change ☐ Addition |
| NAME | HALSTEAD, NORA | NAME | |
| STREET ADDRESS | 1525 S PINE RIDGE CIRCLE | STREET ADDRESS | |
| CITY-ST-ZIP | SANFORD FL 32773 | CITY-ST-ZIP | |
| TITLE | P ☐ Delete | TITLE | ☐ Change ☐ Addition |
| NAME | HALSTEAD, HAROLD B | NAME | |
| STREET ADDRESS | 1525 S PINE RIDGE CIRCLE | STREET ADDRESS | |
| CITY-ST-ZIP | SANFORD FL 32773 | CITY-ST-ZIP | |
| TITLE | ☐ Delete | TITLE | ☐ Change ☐ Addition |
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| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | 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:** Harold B Halstead PRESIDENT HAROLD B HALSTEAD 1/18/01 407 823 4124
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)