

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000007034

1. Entity Name

JULIE'S RETIREMENT RESORT, INC.

**FILED**  
**Jan 24, 2001 8:00 am**  
**Secretary of State**

01-24-2001 90008 050 \*\*\*158.75

Principal Place of Business

2325 N HASTINGS ST  
ORLANDO FL 32808  
US

Mailing Address

PO BOX 681365  
ORLANDO FL 32868  
US

702551



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2325 N. Hastings St

Mailing Address

P.O. Box 681365

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
Orlando Florida

City & State  
Orlando Florida

4. FEI Number 59-3487649

Applied For

Not Applicable

Zip  
32818

Country  
ORANGE

Zip  
32868

Country  
ORANGE

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SINGH, RADIKA  
2325 N HASTINGS ST  
ORLANDO FL 32808

7. Name and Address of New Registered Agent

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

City FL 32808

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PSTD  
SINGH, RADIKA  
2325 N HASTINGS ST  
ORLANDO FL 32808 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
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CITY-ST-ZIP  
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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:

*Radika R. Singh*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-11-01

Date

Daytime Phone #

407-578-4453

CR2E034 (10/00)

0483885