

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 20, 2000 8:00 am**  
**Secretary of State**

07-20-2000 90099 001 \*\*\*450.00

DOCUMENT # **P98000009089** **R**  
 1. Entity Name  
**OUTDOOR LIVING DEVELOPMENT AND DESIGN**  
**CONCEPTS INC**

2. Principal Place of Business  
**3777 N. JOHN YOUNG PKWY**  
**ORLANDO, FLORIDA**  
**32804**

3. Mailing Address  
**3777 N. JOHN YOUNG PKWY**  
**ORLANDO, FLORIDA**  
**32804**

4. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

5. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

18731

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**MILLER, GLENN L.**  
**311 FAIRVIEW VISTA PT**  
**ORLANDO, FLORIDA**

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, 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>MILLER, GLENN L.</b>	<input checked="" type="checkbox"/> <b>PRESIDENT</b>	STREET ADDRESS		
CITY-ST-ZIP	<b>311 FAIRVIEW VISTA PT</b>	<b>OWNER</b>	CITY-ST-ZIP		
	<b>ORLANDO, FLORIDA</b>	<b>32804</b>			
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: **Glenn L. Miller** **7-15-00**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)

Doc #5 P93000077587  
P97000027691  
P98000009089

# OUTDOOR LIVING

## In-Ground Spas and Water Features, Inc.

3777 N. John Young Parkway, Orlando, FL 32804 (407) 521-0700 Fax (407) 521-8310  
CPC-056716

Department of State  
Division of Corporations  
P.O. Box 1500  
Tallahassee, Florida  
32302-1500

Here are the forms back that you sent me as a courtesy because we never received any of the U.B.R.  
forms for any of my corporations. If you have any questions please call me at (407) 521-0700

Thank You,

  
Glenn L. Miller  
President/Owner

