

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 30, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # P98000009685**1. Entity Name  
ORLANDO ATLANTIC PROPERTIES, INC.Principal Place of Business  
20 NORTH ORANGE AVENUE  
SUITE 1000  
ORLANDO FL 328014626Mailing Address  
523 DOUGLAS AVE.  
ALTAMONTE SPRINGS FL 327142. Principal Place of Business  
1060 W. BEAVER CREEK BLVD3. Mailing Address  
1060 W. BEAVER CREEK BLVDSuite, Apt. #, etc.  
SUITE CSuite, Apt. #, etc.  
SUITE CCity & State  
AVON COCity & State  
AVON COZip  
81620Country  
USZip  
81620Country  
US4. FEI Number  
**59-3506072**Applied For  
Not Applicable5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**HUMPHRIES J G  
20 NORTH ORANGE AVENUE  
SUITE 1000  
ORLANDO FL 328014626**7. Name and Address of New Registered Agent**Name  
HALL DAVID W  
Street Address (P.O. Box Number is Not Acceptable)  
485 CARDINAL OAKS CT  
City  
LAKE MARY FL Zip Code  
32746

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 **DAVID W. HALL****04/30/2001**

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 DST MCCOTTER JAMES D ☐ Delete  
STREET ADDRESS  
523 DOUGLAS AVE.  
CITY-ST-ZIP  
ALTAMONTE SPG FL 32714TITLE  
NAME DP MCCOTTER C RJR ☐ Delete  
STREET ADDRESS  
20 NORTH ORANGE AVENUE  
CITY-ST-ZIP  
ORLANDO FL 328014626TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIPTITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIPTITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIPTITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE  
NAME S HALL DAVID W ☒ Change ☐ Addition  
STREET ADDRESS  
485 CARDINAL OAKS CT  
CITY-ST-ZIP  
LAKE MARY FL 32746TITLE  
NAME DPT MCCOTTER JAMES D ☒ Change ☐ Addition  
STREET ADDRESS  
1060 W. BEAVER CREEK BLVD., SUITE C  
CITY-ST-ZIP  
AVON CO 81620TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIPTITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIPTITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIPTITLE  
NAME ☐ Change ☐ Addition  
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: David W. Hall****S****04/30/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)