

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000026278

1. Entity Name

TA ESCROW 97, INC.

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90263 031 ***150.00

Principal Place of Business

1101 NORTH LAKE DESTINY DRIVE
SUITE 375
MAITLAND FL 32751

Mailing Address

1101 NORTH LAKE DESTINY DRIVE
SUITE 375
MAITLAND FL 32751

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. Fed Number

59-3503711

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCMULLEN, JACK K
201 EAST PINE STREET
SUITE 1200
ORLANDO FL 32801

Name

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

City

State

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 the Principal

(NOTE: Registered Agent's printed name when not signing)

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 \$850.00
Wake 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	PD	☒ Delete
NAME	ROSS, JOHN E	
STREET ADDRESS	1101 NORTH LAKE DESTINY DRIVE #375	
CITY-STATE-ZIP	MAITLAND FL 32751	
TITLE	VSTD	☒ Delete
NAME	PARKER, CHRISTENE R	
STREET ADDRESS	1101 NORTH LAKE DESTINY DRIVE #375	
CITY-STATE-ZIP	MAITLAND FL 32751	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

TITLE	P	☒ Change ☐ Addition
NAME	Noga, George K.	
STREET ADDRESS	1101 North Lake Destiny Drive, #225	
CITY-STATE-ZIP	Maitland, FL 32751	
TITLE	VP	☒ Change ☐ Addition
NAME	Gale, Douglas Q.	
STREET ADDRESS	1101 North Lake Destiny Drive, 225	
CITY-STATE-ZIP	Maitland, FL 32751	
TITLE	VP	☐ Change ☒ Addition
NAME	Sapp, Brenda K.	
STREET ADDRESS	1101 North Lake Destiny Drive, #225	
CITY-STATE-ZIP	Maitland, FL 32751	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-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 687, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/01

407 875-0075

Date

Daytime Phone #

CR2E034 (10/00)