

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2002 8:00 am
Secretary of State
 02-07-2002 90015 013 ***150.00

DOCUMENT # P98000027381

1. Entity Name

PHILLIPS PLACE GP, INC.

Principal Place of Business

**7575 DR PHILLIPS BLVD
 210
 ORLANDO FL 32819**

Mailing Address

**7575 DR PHILLIPS BLVD
 210
 ORLANDO FL 32819**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3502956

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**JOHNSON, LORAN A
 215 NORTH EOLA DRIVE
 ORLANDO FL 32801**

7. Name and Address of New Registered Agent

Name **J. Craig Lynch**
 Street Address (P.O. Box Number is Not Acceptable) **7575 Dr. Phillips Blvd.**
 Suite **210**
 City **Orlando** FL Zip Code **32819**

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 **J. C. Lynch J. CRAIG LYNCH**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/14/02
 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, 2002 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 **D** ☐ Delete
 NAME **HARGADON, E. WADE**
 STREET ADDRESS **7575 DR. PHILLIPS BLVD., #210**
 CITY-ST-ZIP **ORLANDO FL 32819**

TITLE **D** ☐ Delete
 NAME **GRIFFIN, WARREN O**
 STREET ADDRESS **P O BOX 865**
 CITY-ST-ZIP **OAKLAND FL 34760**

TITLE **AS** ☐ Delete
 NAME **LYNCH, J. CRAIG**
 STREET ADDRESS **7575 DR. PHILLIPS BLVD., #210**
 CITY-ST-ZIP **ORLANDO FL 32189**

TITLE **AT** ☐ Delete
 NAME **LYNCH, KARA H**
 STREET ADDRESS **7575 DR. PHILLIPS BLVD., #210**
 CITY-ST-ZIP **ORLANDO FL 32819**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 NAME
 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: **SIGNATURE REQUIRED: CRAIG LYNCH** **1/14/02** **407-345-8400**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)