

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000084887

1. Entity Name

MAITLAND REALTY COMPANY

FILED
Aug 02, 2000 8:00 am
Secretary of State

08-02-2000 90123 014 ***550.00

Principal Place of Business

116 E ALTAMONTE DRIVE
 SUITE 210
 ALTAMONTE SPRINGS FL 32701
 US

Mailing Address

116 E ALTAMONTE DRIVE
 SUITE 210
 ALTAMONTE SPRINGS FL 32701
 US

2. Principal Place of Business

SI OAKLEIGH LANE

3. Mailing Address

P.O. Box 940605

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MAITLAND, FLORIDA

City & State

MAITLAND, FLORIDA

4. FEI Number

59-3536745

Applied For

Not Applicable

Zip

32751

Country

USA

Zip

32794-0605

Country

USA

5. Certificate of Status Desired

X

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CALHOUN, MICHAEL D
 16 E ALTAMONTE DRIVE
 SUITE 210
 ALTAMONTE SPRINGS FL 32701

7. Name and Address of New Registered Agent

Name

MICHAEL D. CALHOUN

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

SI OAKLEIGH LANE

City

MAITLAND

FL

Zip Code

32751

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

July 25 2000

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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	<input type="checkbox"/> Delete
NAME	CALHOUN, MICHAEL D	
STREET ADDRESS	2200 LUCIEN WAY #333	
CITY-ST-ZIP	MAITLAND FL 32751	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MICHAEL D. CALHOUN	
STREET ADDRESS	SI OAKLEIGH LANE	
CITY-ST-ZIP	MAITLAND FLORIDA 32751	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

July 25 2000 (407) 620-1489

Date

Daytime Phone #

CR2E034 (5/00)