## 2000 UNIFORM BUSINESS REPORT (UBR)

an address, with all other like empowered

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

changed, or on an attachmen

**SIGNATURE:** 

## **FILED** DOCUMENT # P98000091779 May 01, 2000 8:00 am Secretary of State J AND D REAL ESTATE HOLDINGS, INC. 05-01-2000 90012 012 \*\*\*150.00 Principal Place of Business Mailing Address 205 S EOLA DRIVE 205 S EOLA DRIVE ORLANDO FL 32801-2827 ORLANDO FL 32801 2. Principal Place of Business 3. Mailing Address 10311 Orangewood Boulevard 10311 Orangewood Boulevard Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3541799 Orlando, Florida Orlando, Florida Not Applicable Country Country Zip \$8.75 Additional 5. Certificate of Status Desired 32821 USA 32821 USA Fee Required 7. Name and Address of New Registered Agent -- --6. Name and Address of Current Registered Agent HARTMAN, JAMES A HARTMAN, JAMES A Street Address (P.O. Box Number is Not Acceptable) 205 S EOLA DRIVE ORLANDO FL 32801 10311 Orangewood Boulevard Zip Code 32821 <sup>City</sup> Orlando, Florid<u>a</u> entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named April 14, 2000 SIGNATURE or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 ation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12, 11. ☐ Addition ☐ Delete TITLE TITLE HARTMAN, JAMES A NAME NAME 10311 Orangewood Boulevard STREET ADDRESS STREET ADDRESS 205 S EOLA DRIVE CITY-ST-ZIP Orlando, Florida 32821 CITY-ST-ZIP ORLANDO FL 32801 Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE - Change --- Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME 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 received 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

407-370-6454

Daytime Phone #

April 14, 2000