

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000097811

1. Entity Name

SLOAN CAPITAL CORP.

**FILED**  
**Apr 07, 2000 8:00 am**  
**Secretary of State**

04-07-2000 90114 001 \*1,587.50

Principal Place of Business

Mailing Address

200 E ROBINSON ST  
SUITE 450  
ORLANDO FL 32801

200 E ROBINSON ST  
SUITE 450  
ORLANDO FL 32801-1989

13361

2. Principal Place of Business

10125 W. COLONIAL DR.

3. Mailing Address

10125 W. COLONIAL DR.

Suite, Apt. #, etc.

212

Suite, Apt. #, etc.

212

City & State

OCDEE, FL

City & State

OCDEE, FL

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

34761

Country

USA

Zip

34761

Country

USA

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

CAMILLO, JOSEPH  
200 E ROBINSON ST, SUITE 450  
ORLANDO FL 32801

Name

Joseph Camillo

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

10125 W. COLONIAL DR.

Suite 212

City

OCDEE

FL

Zip Code

34761

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

Joseph Camillo

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

(NOTE: Registered Agent signature required when reinstating)

3/28/00

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
NAME CAMILLO, JOSEPH  
STREET ADDRESS 200 E ROBINSON ST STE 450  
CITY-ST-ZIP ORLANDO FL 32801

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE P/O  
NAME Joseph Camillo  
STREET ADDRESS 10125 W. COLONIAL DR. # 212  
CITY-ST-ZIP OCDEE, FL. 34761

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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 667, 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:

Joseph Camillo

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/00

DATE

407-822-3664

Daytime Phone #

CR2E034 (9/99)