

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000098608

1. Entity Name

NORTH GOLDENROD ROAD INVESTMENT PARTNERS, INC.

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90048 009 ***150.00

Principal Place of Business

Mailing Address

2454 N. FORSYTHE ROAD
ORLANDO FL 32807

2454 N. FORSYTHE ROAD
ORLANDO FL 32792-5912

2. Principal Place of Business

1307 Sandscope Ct.

3. Mailing Address

7307 Sandscope Ct.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Winter Park FL

City & State

Winter Park FL

Zip

32792

Country

USA

Zip

32792

Country

USA

6. Name and Address of Current Registered Agent

COPELAND, RICHARD W
631 PALM SPRINGS DRIVE STE. 115
ALTAMONTE SPRINGS FL 32708

4. FEI Number

59-3553771

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

Name

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

City

FL

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-24-00

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	SUTHERLAND, WILLIAM G	200 OVERLOOK ROAD	WINTER PARK FL 32789	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
		P.O. Box 3222	Winter Park FL 32790	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D	Douglas S. McRaynolds	4034 Glider Rose Place	Winter Park FL 32792	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	Mitchell Kleppe	499 SW 12th Ave.	Boca Raton FL 33486	<input type="checkbox"/>	<input checked="" type="checkbox"/>
VP	Charles Highley	4495 NW 28th Ave.	Boca Raton FL 33434	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	Thomas Anderton	125 N. Birch Rd., # 301	Ft. Lauderdale FL 33304	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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

Date

Daytime Phone #

Douglas S. McRaynolds 4/29/00

(407) 679-7044

CR2E034 (9/99)