

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000099248

1. Entity Name

CHURCH STREET STATION OF ORLANDO, INC.

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

03-02-2000 90117 039 ***150.00

Principal Place of Business

Mailing Address

200 SOUTH ORANGE AVE., SUITE 2300
ORLANDO FL 32802

P.O. BOX 112
ORLANDO FL 32802-0112

2. Principal Place of Business

3. Mailing Address

129 W. Church Street
Suite, Apt. #, etc.

129 W. Church Street
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Orlando FL
Zip
32801

Country
USA

City & State
Orlando FL
Zip
32801

Country
USA

4. FEI Number 59-3544707

Applied For
Not Applicable

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

O'RIORDAN, GERARD
6100 DEACON DR.
WINDERMERE FL 34785

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

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
NAME
STREET ADDRESS
CITY-ST-ZIP
DVPS
PIERCY, TYLER
6100 DEACON DR.
WINDERMERE FL 34785

☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
GERARD, O'RIORDAN
6100 DEACON DR
WINDERMERE FL 34786

☐ Delete

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

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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 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 #

CR2E034 (9/99)