AMENDED

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000099248

1. Entity Name

CHURCH STREET STATION OF ORLANDO, INC.

Principal Place of Business	Mailing Address
129 W. Church St. Orlando, LF 32801	129 W. Church St. Orlando, FL 32801

2. Principal Place of Business	3. Mailing Address		
129 W. Church Street	4901 Vineland Road		**DO NOT WRITE IN THIS SPACE**
Suite, Apt. #, etc.	Suite, Apt. #, etc. Suite 300		

City & State	City & State	4. FEI Number	Applied For
Orlando, FL	Orlando, FL	59-354707	Not Applicable

Zip	Country	Zip	Country	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
32801	USA	32811	USA		

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CT Corporation System 1200 South Pine Island Road Plantation, Florida 33324	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, 2001 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 Drive Windermere, FL 34785	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P/VP/S Maury L. Carter 908 S. Delaney Avenue Orlando, FL 32806	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP O'Riardan, Gerard 6100 Deacon Drive Windermere, FL 34785	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	100004421531---6 -06/15/01--01018--003 ******61.25	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (11/00)

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: _____   May 15, 2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #