2001 UNIFORM BUSINESS REPORT (UBR) FILED May 03, 2001 8:00 am Secretary of State DOCUMENT # P99000004895 1. Entity Name URAL OF ORLANDO, INC. 05-03-2001 90906 001 ***300.00 Principal Place of Business Mailing Address 301 S. ORLANDO AVE., STE. 200 PO BOX 1720 WINTER PARK FL 32790-1720 MAITLAND FL 32751 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 59-3555625 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ROBINSON, RICHARD M Street Address (P.O. Box Number is Not Acceptable) 201 E. PINE ST., STE. 1200 ORLANDO FL 32801 Zip Code City FL 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. **DPS** ☐ Addition □ Delete TITLE ☐ Change TITLE HOLLER, ROGER W JR NAME NAME 301 S. ORLANDO AVE., STE. 200 STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP MAITLAND FL 32751 Change | Addition TITLE ☐ Delete TITLE HOLLER, ROGER W III NAME NAME STREET ADDRESS 301 S. ORLANDO AVE., STE. 200 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MAITLAND FL 32751 Delete TITLE ☐ Change ☐ Addition TITLE HOLLER, CHRISTOPHER A NAME NAME STREET ADDRESS 301 S. ORLANDO AVE., STE, 200 STREET ADDRESS CITY-ST-ZIP MAITLAND FL 32751 CITY-ST-ZIP Addition TITLE ☐ Delete TITLE ROGERS HOLLER, JULIETTE E NAME NAME 301 S. ORLANDO AVE., STE. 200 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MAITLAND FL 32751 ☐ Delete TITLE ☐ Change ■ Addition TITLE

NAME

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

13. I hereby certify that the information supplied with this fil indicated on this report or supplem I report is true of the corporation or the receiver of changed, or on an attachment wit an addres

does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if like empowered.

SIGNATURE:

NAME STREET ADDRESS

TITLE

NAME

CITY-ST-ZIF

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

 \square Delete

4-25-01 407-539-6500

☐ Change

☐ Addition