

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000011460

1. Entity Name

6500 COMMERCE CENTER, INC.

FILED
Jun 01, 2000 8:00 am
Secretary of State

04-27-2000 90080 027 ***150.00

Principal Place of Business Mailing Address
11 GREEN LAKE CIRCLE 11 GREEN LAKE CIRCLE
LONGWOOD FL 32779 LONGWOOD FL 32779-3529

2. Principal Place of Business 3. Mailing Address
6500 Forest City Road 6500 Forest City Road
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Orlando, Florida Orlando, Florida

Zip Country Zip Country
32810 32810

4. FEI Number 59-3556099 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

ICARDI, JEFFREY A
297 LOOKOUT PLACE, STE. 100
MAITLAND FL 32751
Name
William J. Dietz
Street Address (P.O. Box Number is Not Acceptable)
25 South Magnolia Avenue
City Orlando FL Zip Code 32801

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 *William J. Dietz* (NOTE: Registered Agent signature required when reinstating) DATE 4/5/00

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 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | | | | |
|--|---|--|--|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D UNGARO, JAMES 11 GREEN LAKE CIRCLE LONGWOOD FL 32779 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | P, D Leon W. Mills 6500 Forest City Road Orlando, Florida 32810 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
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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: *Leon W. Mills* REQUIRED 4/5/00 407-277-1159
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)