

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000018082

1. Entity Name
FLORIDA WORLD REAL ESTATE COMPANY, INC.

FILED
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90153 005 ***150.00

Principal Place of Business
9550 HWY 192 WEST
CLERMONT FL 34711
US

Mailing Address
9550 HWY 192 WEST
CLERMONT FL 34711
US

05-10-2001



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
9550 HWY 192 W
Suite, Apt. #, etc.

3. Mailing Address
same
Suite, Apt. #, etc.

City & State
CLERMONT, FL 34711

City & State

4. FEI Number 59-3562219

Applied For
Not Applicable

Zip 34711 Country USA

Zip Country

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

AALBREGT, BETTY
219 BREEZY OAK LANE
DAVENPORT FL 33837

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 _____ (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 DPST
NAME AALBREGT, BETTY
STREET ADDRESS 219 BREEZY OAK LANE
CITY-ST-ZIP DAVENPORT FL 33837 ☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
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: Betty Albrecht
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/2001
Date

Daytime Phone #

CR2034 (10/00)