

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000040394

1. Entity Name
ORLANDO FLORIDA ENTERPRISES, INC.

Principal Place of Business
1393 RIVIERA DRIVE
KISSIMMEE FL 34744

Mailing Address
1393 RIVIERA DRIVE
KISSIMMEE FL 34744

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3581683

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

MACDONALD, MEL
1393 RIVIERA DRIVE
KISSIMMEE FL 34744

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
D
MACDONALD, MEL
STREET ADDRESS
1393 RIVIERA DRIVE
CITY-ST-ZIP
KISSIMMEE FL 34744 ☐ 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 ☐ 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:

Mel Macdonald
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/14/01
Date

407-931-0921
Daytime Phone #

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 AUG 20 AM 8:37



DO NOT WRITE IN THIS SPACE

0432083

CR2E034 (10/00)

Attachment
Doc# 198000040394

August 14, 2001

Division of Corporations
Uniform Business Report Filings
Po Box 1500
Tallahassee, FL 32302-1500

Dear Sirs:

Enclosed please find my \$150⁰⁰ check #
and UBR form.

I talked with your office on Friday August 10TH
after meeting with my accountant on Thursday.
Your office suggested I send the above and
explain my circumstances for this late payment.

My 82 year old mother, EVA MACDONALD, spent the winter
in Florida with me (Nov. 2000 thru March 2001) because
of poor health. She was bedridden much of this
time but regained enough strength to return
home in Michigan.

Her health grew worse over the next four months
and my children and I began commuting to
Manistee, Michigan to care for her.

Her last days were spent in the Manistee County
Medical Care Facility where she passed away on
Sunday August 12TH.

Attachment # PC# 8000040394

Her local doctors where Dr. Batzer and Dr. Barlow
of Monrovia, Michigan. She had cancer
throughout her liver, lungs and colon.

I appreciate your patience and understanding
in this matter. Please call me at
407-931-0921 if you have further questions.

Sincerely

Mel Mc Donald