

2000 UNIFORM BUSINESS REPORT (UBR)

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FILED**Jul 05, 2000 8:00 am**
Secretary of State

05-19-2000 90854 001 ***317.50

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1. Entity Name

GALAXY EXCHANGE COMPANY

Principal Place of Business

**2345 SAND LAKE ROAD
SUITE 100
ORLANDO FL 32809**

Mailing Address

**2345 SAND LAKE ROAD
SUITE 100
ORLANDO FL 32809-9120**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3589292

Applied For

Not Applicable

Zip

Country

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

KORSHAK, STEPHEN D. ESQ.**2345 SAND LAKE ROAD
SUITE 100
ORLANDO FL 32809**

Name

Stephen D. Korshak, Esq.

Street Address (P.O. Box Number is Not Acceptable)

2345 Sand Lake Road, Suite 120

City

Orlando**FL****Zip Code
32809**

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, 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 **D** ☐ DeleteNAME **LINDEN, DEBORAH L**
STREET ADDRESS **2345 SAND LAKE ROAD**
CITY-ST-ZIP **ORLANDO FL 32809**TITLE ☐ DeleteNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ DeleteNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ DeleteNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ DeleteNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ DeleteNAME
STREET ADDRESS
CITY-ST-ZIPTITLE **CEO/D** ☒ Change ☐ AdditionNAME **Linden, Deborah L.**
STREET ADDRESS **2345 Sand Lake Road, Suite 100**
CITY-ST-ZIP **Orlando, FL 32809**TITLE **P** ☐ Change ☒ AdditionNAME **Stumbras-Blanchez, Sulyn**
STREET ADDRESS **2345 Sand Lake Road, Suite 100**
CITY-ST-ZIP **Orlando, FL 32809**TITLE **S/D** ☐ Change ☒ AdditionNAME **Erfurth, Cary J.**
STREET ADDRESS **2345 Sand Lake Road, Suite 100**
CITY-ST-ZIP **Orlando, FL 32809**TITLE **D** ☐ Change ☒ AdditionNAME **Webb, Robert J.**
STREET ADDRESS **2345 Sand Lake Road, Suite 100**
CITY-ST-ZIP **Orlando, FL 32809**TITLE **T** ☐ Change ☒ AdditionNAME **Holbrook, Karen S.**
STREET ADDRESS **2345 Sand Lake Road, Suite 100**
CITY-ST-ZIP **Orlando, FL 32809**TITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Deborah L. Linden***Deborah L.****4/27/2000****(407) 859-8900**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Linden

Date

Daytime Phone #

CR2E034 (9/99)