

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000054349

1. Entity Name

ORLANDO COMPUTER COMPANY

FILED
Mar 29, 2000 8:00 am
Secretary of State

03-29-2000 90081 002 ***150.00

Principal Place of Business

Mailing Address

3728 ALDERGATE PLACE
ORLANDO FL 32707

3728 ALDERGATE PLACE
ORLANDO FL 32707-6300

2. Principal Place of Business

3. Mailing Address

4550 W. Colonial Drive

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

ORLANDO FL

City & State

City & State

4. FEI Number

59-3587271

Applied For

Not Applicable

Zip
32808

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

BUSINESS FILINGS INCORPORATED
1186 OCEAN SHORE BLVD SUITE 195
ORMOND BEACH FL 32176

Name

RANDY HILLMAN

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

203 East Hillcrest Street

City

Orlando

FL

Zip Code

32802

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

RANDY HILLMAN, ATTY

3-28-00

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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
PRITZKER, RICHARD
3728 ALDERGATE PLACE
CASSELBERRY FL 32707 ☐ Delete

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

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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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-28-00

Date

407-426-9001

Daytime Phone #

CR2E034 (9/99)