

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000058157

1. Entity Name

ALOMA KIDS OF ORLANDO, INC.

FILED

Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90074 002 ***158.75

Principal Place of Business

Mailing Address

1813 PLANTATION OAKS DR.
JACKSONVILLE FL 32223

1813 PLANTATION OAKS DR.
JACKSONVILLE FL 32223-5555

2. Principal Place of Business

3. Mailing Address

Aloma Kids
Suite, Apt. #, etc.
3416 Aloma Ave.
City & State
Winter Park, FL

Suite, Apt. #, etc.

City & State

Zip
32792
Country
USA

Zip

Country

4. FEI Number

59-3585093

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

KING, JOHN
1813 PLANTATION OAKS DR.
JACKSONVILLE FL 32223

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, 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
KING, JOHN
1813 PLANTATION OAKS DR.
JACKSONVILLE FL 32223 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
John A. King ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
STRICKLAND, ALAN
8274 COCONUT BLVD.
ROYAL PALM BEACH FL 33412 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V/S
Agnes M. King
1813 Plantation Oaks Dr
Jacksonville, FL 32223 ☐ Change ☒ Addition

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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: *John A. King* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-18-00

Date

904-880-7824

Daytime Phone #

CR2E034 (9/99)