

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000078687

1. Entity Name

AVONLEA INTERNATIONAL, INC.

APPROVED
AND
FILED

00 NOV 15 AM 10:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

700 ATLANTIS RD., UNIT 101, BLDG. A
MELBOURNE FL 32904

Mailing Address

700 ATLANTIS RD., UNIT 101, BLDG. A
MELBOURNE FL 32904

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

59-3596010

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

KG&L SERVICES, INC.
390 N. ORANGE AVE., STE. 600
ORLANDO FL 32801

7. Name and Address of New Registered Agent

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

Robert J. Gronck, Pres. (Robert J. Gronck)

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

11/10/00

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 \$550.00

After SEPTEMBER 13, 2000 Min. will be \$750.00
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

TITLE	Director	<input type="checkbox"/> Delete
NAME	James M. Stephen	
STREET ADDRESS	23 Bishops Road	
CITY-ST-ZIP	Bedford MK4 8RN UK	
TITLE	Director, CEO	<input type="checkbox"/> Delete
NAME	Jalil N. Hamaruddin	
STREET ADDRESS	137 Inverness Terrace	
CITY-ST-ZIP	London, U.K.	
TITLE	Director, President	<input type="checkbox"/> Delete
NAME	Robert S. George	
STREET ADDRESS	453 N. Neptune Drive	
CITY-ST-ZIP	Satellite Beach FL 32937	
TITLE	Director	<input type="checkbox"/> Delete
NAME	Michael F. Pomroy	
STREET ADDRESS	2325 Seahorse Drive	
CITY-ST-ZIP	Melbourne Beach FL 32951	
TITLE	Secretary/Treasurer	<input type="checkbox"/> Delete
NAME	Janice M. George	
STREET ADDRESS	453 N. Neptune Drive	
CITY-ST-ZIP	Satellite Beach, FL 32937	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	200003496622-4	
CITY-ST-ZIP	-12/12/00--01028--018	
	****750.00 ****750.00	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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)(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

Janice M. George
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-3900

Date

321-724-4260

Daytime Phone #

CRE034 (5/00)