

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000083284

1. Entity Name

FLORIDA NOW REALTY, INC.

FILED
Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90081 020 ***150.00

Principal Place of Business

Mailing Address

3501 W. CINE STREET
SUITE 104-A
KISSIMMEE FL 34741

3501 W. CINE STREET
SUITE 104-A
KISSIMMEE FL 34741

004731



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3501 W. Vine St.

3. Mailing Address

3501 W. Vine St.

Suite, Apt. #, etc.

Suite 104-A

Suite, Apt. #, etc.

Suite 104-A

City & State

Kissimmee, FL

City & State

Kissimmee

4. FEI Number

59-3598470

Applied For

Not Applicable

Zip

34741

Country

OSCEOLA

Zip

34741

Country

OSCEOLA

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

BALLETTO, VINCENT D
3956 TOWN CENTER BLVD., #165
ORLANDO FL 32837

Name

William B. Londeree

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

104 N Church St.

City

Kissimmee

FL

Zip Code

34741

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 William B. Londeree VP William B. Londeree 1-13-00
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 Tim Mills, President ☐ Delete
NAME
STREET ADDRESS 3312 Wilderness TR
CITY-ST-ZIP Kissimmee, FL 34746

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

TITLE Vice President ☐ Delete
NAME William B. Londeree
STREET ADDRESS 1435 RIVIERA DR.
CITY-ST-ZIP Kissimmee, FL 34744

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

TITLE Peggy T. Londeree Secy/Tr. ☐ Delete
NAME
STREET ADDRESS 1435 RIVIERA DR.
CITY-ST-ZIP Kissimmee, FL 34744

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: William B. Londeree, V.P. (William B. Londeree) 1-13-00 407/944-4228
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)