

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000092696

1. Entity Name  
NIGHTFALL PRODUCTIONS, INC.

**FILED**  
**Sep 18, 2000 8:00 am**  
**Secretary of State**

09-18-2000 90020 050 \*\*\*550.00

Principal Place of Business  
3641 SWEET GRASS CIRCLE #7013  
WINTER PARK FL

Mailing Address  
3641 SWEET GRASS CIRCLE #7013  
WINTER PARK FL

2. Principal Place of Business  
1101 Windmill Grove Cir.  
Suite, Apt. #, etc.

3. Mailing Address  
PO Box 677205  
Suite, Apt. #, etc.

City & State  
Orlando FL

City & State  
Orlando FL

Zip  
32828

Country  
USA

Zip  
32867

Country  
USA

4. FEI Number  
59-3605849

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  
HALLERAN, DONNA M  
3641 SWEET GRASS CIRCLE #7013  
WINTER PARK FL

7. Name and Address of New Registered Agent  
Name  
Donna Halleran  
Street Address (P.O. Box Number is Not Acceptable)  
1101 Windmill Grove Circle  
City  
Orlando FL Zip  
32828

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 *Donna M. Halleran* General Manager Donna M Halleran 9-10-2000  
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 \$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 NAME STREET ADDRESS CITY-ST-ZIP	President Randall Bennett 7547 Park Promenade Dr. #1516 Winter Park FL 32792	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Donna Halleran Vice President 1101 Windmill Grove Cir Orlando FL 32828	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Karen M Raybould 1101 Windmill Grove Cir Orlando FL 32828	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Randall A. Bennett* Randall A. Bennett 9-10-2000 407-835-0310  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/00)