

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S20549

1. Entity Name

UNITED PROPERTY GROUP, INC.

Principal Place of Business

620 MAITLAND AVE.  
ALTAMONTE SPRINGS FL 32701

Mailing Address

620 MAITLAND AVE.  
ALTAMONTE SPRINGS FL 32701-6834

2. Principal Place of Business

3764 S. RIO GRANDE AVE  
Suite, Apt. #, etc.

3. Mailing Address

3764 S. RIO GRANDE AVE  
Suite, Apt. #, etc.

City & State  
Orlando, FL

Zip  
32839

Country  
USA

City & State  
Orlando FL

Zip  
32839

Country  
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3045016

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KLING, ALICE L.  
514-35 ORANGE DRIVE  
ALTAMONTE SPRINGS FL 32701

7. Name and Address of New Registered Agent

Name ALICE L. STRADER

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

TITLE PSD  
NAME KLING, ALICE L.  
STREET ADDRESS 514-35 ORANGE DRIVE  
CITY-ST-ZIP ALTAMONTE SPRINGS FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME ALICE L. STRADER  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/20/00 407-767-8170

CR2E034 (9/99)