

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION,  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**May 03, 1999 8:00 am**  
**Secretary of State**

05-03-1999 90021 046 \*\*\*150.00

**DOCUMENT # S26958**

1. Corporation Name  
**EBC ENTERPRISES ORLANDO, INC.**



Principal Place of Business  
**2250 LUCIEN WAY  
STE 100  
MAITLAND FL 32751  
US**

Mailing Address  
**1080 HOLCOMB BRIDGE RD BLDG 100 SUITE 300  
ROSWELL GA 30076**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**21 1800 Pembroke Dr  
Suite, Apt. #, etc.  
22 Suite 300  
City & State  
23 Orlando  
Zip Country  
24 FL 25 32810**

2a. Mailing Address  
**26 11405 Johns Creek Pkwy  
Suite, Apt. #, etc.  
27 Suite 300  
City & State  
28 Duluth, GA  
Zip Country  
29 30097 30**

3. Date Incorporated or Qualified  
**01/22/1991**

4. FEI Number  
**59-3054541**

Applied For  
☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00** May Be Added to Fees

8. This corporation owes the current year intangible Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent  
**SCHUMAN, DAWN  
4190 BELFORT RD STE 200  
JAX FL 32216**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **DYE, THOMAS N.**

STREET ADDRESS **1080 HOLCOMB BRIDGE RD**

CITY-ST-ZIP **ROSWELL GA**

TITLE ☐ DELETE

NAME **DYE, MIKE K.**

STREET ADDRESS **1080 HOLCOMB BRIDGE RD #100 #310**

CITY-ST-ZIP **ROSWELL GA**

TITLE ☐ DELETE

NAME **WINCHELL, BRIAN**

STREET ADDRESS **1080 HOLCOMB BRIDGE RD BLDG 100 STE 310**

CITY-ST-ZIP **ROSWELL GA 30076**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS **11405 Johns Creek Pkwy #300**

1.4 CITY-ST-ZIP **Duluth, GA 30097**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS **11405 Johns Creek Pkwy #300**

2.4 CITY-ST-ZIP **Duluth, GA 30097**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS **11405 Johns Creek Pkwy #300**

3.4 CITY-ST-ZIP **Duluth, GA 30097**

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**770814 4300**  
Daytime Phone #

CR2E034 (1/98)

0012111