

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90111 033 ***158.75

702169



DO NOT WRITE IN THIS SPACE

DOCUMENT # V07252

1. Entity Name

ORLANDO BUILDING ASSOCIATES, INC.

Principal Place of Business

Mailing Address

1352 BENNETT DRIVE
SUITE D
LONGWOOD FL 32750
US

1352 BENNETT DRIVE
SUITE D
LONGWOOD FL 32750-7583
US

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

59-3101800

Applied For

Not Applicable

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

WREN, JOHN E.
611 SUNRISE AVENUE
WINTER SPRINGS FL 32708

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

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	P	<input type="checkbox"/> Delete
NAME	WREN, JOHN E.	
STREET ADDRESS	611 SUNRISE AVENUE	
CITY-ST-ZIP	WINTER SPRINGS FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	WREN, BRENDA W.	
STREET ADDRESS	611 SUNRISE AVENUE	
CITY-ST-ZIP	WINTER SPRINGS FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BRINKMAN, AUGUST L	
STREET ADDRESS	214 MORTON LANE	
CITY-ST-ZIP	WINTER SPRINGS FL 32708	
TITLE	V	<input type="checkbox"/> Delete
NAME	BORDERS, RONALD A.	
STREET ADDRESS	4954 SANOMA VILLAGE	
CITY-ST-ZIP	ORLANDO FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John E. Wren
President

1-10-2000

Date

407-830-6288

Daytime Phone #

CR2E034 (9/99)