

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V14155

1. Entity Name

THE SUZERAIN GROUP, INC.

FILED
Mar 07, 2000 8:00 am
Secretary of State

03-07-2000 90092 040 ***158.75

Principal Place of Business

255 S. ORANGE AVENUE
SUITE #960
ORLANDO FL 32801
US

Mailing Address

P O DRAWER 1793
ORLANDO FL 32802-1793
US

2. Principal Place of Business

255 South Orange Ave.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 750

City & State
Orlando, FL

City & State

4. FEI Number

59-3106876

Applied For

Not Applicable

Zip
32801

Country
USA

Zip

Country

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

SCHMIDT, MICHAEL H.
255 SOUTH ORANGE AVENUE
SUITE 960
ORLANDO FL 32801

Name

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

255 South Orange Avenue

Suite 750

City

Orlando

FL

Zip Code
32801

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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SCHMIDT, MICHAEL H.
255 S ORANGE AVE S960
ORLANDO FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
255 South Orange Avenue, Suite 750
Orlando, FL 32801

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
WILSON, JOHN A.
255 S ORANGE AVE S960
ORLANDO FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
255 South Orange Avenue, Suite 750
Orlando, FL 32801

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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 a signature like empowered.

SIGNATURE:

Michael H. Schmidt Michael H. Schmidt 01/28/00 407-540-1400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)