

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90077 043 ****61.25

DOCUMENT # 704737
 1. Entity Name
THE GREATER MAITLAND CIVIC CENTER, INC.

Principal Place of Business Mailing Address
 641 S. MAITLAND AVE. 641 S. MAITLAND AVE.
 PO BOX 941124 PO BOX 941124
 MAITLAND FL 32794 MAITLAND FLA 32794-1124
 US US



DO NOT WRITE IN THIS SPACE

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 Applied For
59-1087926 Not Applicable

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

6. Name and Address of Current Registered Agent

BUERGER, ROBERT B
26 MINNEMAHA CIRCLE
MAITLAND FL 32751

7. Name and Address of New Registered Agent

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 *Robert B. Burger* DATE *4/24/00*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	BUERGER, ROBERT	
STREET ADDRESS	26 MINNEMAHA CIRCLE	
CITY-ST-ZIP	MAITLAND FL 32751	
TITLE	V	<input type="checkbox"/> Delete
NAME	WILDER, ED	
STREET ADDRESS	301 EVANSDALE ROAD	
CITY-ST-ZIP	LAKE MARY FL 32746	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	HOUSER, JIM	
STREET ADDRESS	633 DOMMERICH DRIVE	
CITY-ST-ZIP	MAITLAND FL 32751	
TITLE	D	<input type="checkbox"/> Delete
NAME	MALEY, ANNE	
STREET ADDRESS	2400 DELORAINE	
CITY-ST-ZIP	MAITLAND FL 32751	
TITLE	D	<input type="checkbox"/> Delete
NAME	FORD, ROBERT	
STREET ADDRESS	2480 DELORAINE TR	
CITY-ST-ZIP	MAITLAND FL 32751	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ORTNER, ANTHONY	
STREET ADDRESS	700 LIVE OAK ST	
CITY-ST-ZIP	MAITLAND FL 32751	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAM VICKERS	
STREET ADDRESS	2110 GERONIMO TR	
CITY-ST-ZIP	MAITLAND FL 32751	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUTH LIBERT	
STREET ADDRESS	1215 E LAKE COLONY DR	
CITY-ST-ZIP	MAITLAND FL 32751	

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 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 Daytime Phone #

CR2E037 (9/99)