

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 709998

1. Entity Name

ORLANDO CENTRAL TOWERS, INC.

Principal Place of Business

350 EAST JACKSON STREET  
ORLANDO FL 32801

Mailing Address

350 EAST JACKSON STREET  
ORLANDO FL 32801

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

59-6178235

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

HAYES, CHAUNCEY  
4390-B  
4270 LAKE UNDERHILL RD.  
ORLANDO FL 32803

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

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 VD  
NAME SMITH, GEORGE E  
STREET ADDRESS 9717 KILGORE ROAD  
CITY-ST-ZIP ORLANDO FL 32819 ☐ Delete

TITLE D  
NAME CUMMINS, JIM  
STREET ADDRESS 798 CLEAR LAKE ROAD  
CITY-ST-ZIP COCOA FL 32922 ☐ Delete

TITLE PD  
NAME KAUFFMAN, ELMER H  
STREET ADDRESS 4300 OLD DOMINION RD  
CITY-ST-ZIP ORLANDO FL 32806 ☐ Delete

TITLE TD  
NAME WARREN, LOUIS  
STREET ADDRESS 4197 DERBY ST  
CITY-ST-ZIP OVIEDO FL 32765 ☐ Delete

TITLE D  
NAME VICKERS, DOUGLAS  
STREET ADDRESS 409 PALMETTO ST.  
CITY-ST-ZIP OVIEDO FL 32765 ☐ Delete

TITLE SD  
NAME CLEMENTS, RANDY  
STREET ADDRESS 1753 MARSH RD.  
CITY-ST-ZIP OVIEDO FL 32765 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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*  
LOUIS WARREN  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/11/2001 (407) 423-2148  
Date Daytime Phone #

FILED  
Jan 22, 2001 8:00 am  
Secretary of State

01-22-2001 90145 042 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

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