

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 719959

1. Entity Name

EXECUTIVE ASSOCIATION OF GREATER ORLANDO, INC.

Principal Place of Business

Mailing Address

C/O CLASSE MARKETING
3319 MAQUIRE BLVD #155
ORLANDO FL 32803
US

C/O CLASSE MARKETING
3319 MAGUIRE BLVD #155
ORLANDO FL 32803-3766
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

59-1466562

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

JUERGENSEN, WALT
5695 BEGGS RD
ORLANDO FL 32810

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Delete
NAME **WEISS, BOB**
STREET ADDRESS **274 SYLVAN BLVD**
CITY-ST-ZIP **WINTER PARK FL**

TITLE **DV** ☐ Change ☐ Addition
NAME **Belton, Doug**
STREET ADDRESS **110 Ludlow Drive**
CITY-ST-ZIP **Longwood, FL 32779**

TITLE **DT** ☐ Delete
NAME **WHITE, JAMES M**
STREET ADDRESS **5695 BEGGS RD, STE B**
CITY-ST-ZIP **ORLANDO FL 32810**

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

TITLE **VD** ☐ Delete
NAME **HILL, DAVID**
STREET ADDRESS **1 SOUTH ORANGE AVE, #304**
CITY-ST-ZIP **ORLANDO FL 32801**

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

TITLE **D** ☐ Delete
NAME **PITT, DAVE**
STREET ADDRESS **1492 W FAIRBANKS AVENUE**
CITY-ST-ZIP **WINTER PARK FL 32789**

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

TITLE **DVP** ☒ Delete
NAME **SATILL, AVRON**
STREET ADDRESS **601 S. NEW YORK, STORE @**
CITY-ST-ZIP **WINTER PARK FL**

TITLE **D** ☐ Change ☐ Addition
NAME **Robert L. Miller, Jr**
STREET ADDRESS **300 Maitland Ave.**
CITY-ST-ZIP **Altamonte Springs, Florida 32701**

TITLE **D** ☒ Delete
NAME **LIFF, GERRY**
STREET ADDRESS **300 E. NEW ENGLAND AVE**
CITY-ST-ZIP **WINTER PARK FL 32789**

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 David Hill

1/10/00

407 L 648-0006

Date

Daytime Phone #

CR2E037 (9/99)