2002 UNIFORM BUSINESS REPORT (UBR)

Feb 04, 2002 8:00 am DOCUMENT # 719959 **Secretary of State** 1. Entity Name EXECUTIVE ASSOCIATION OF GREATER ORLANDO, INC. 02-04-2002 90133 025 ****61.25 Principal Place of Business Mailing Address C/O CLASSE MARKETING C/O CLASSE MARKETING 3319 MAQUIRE BLVD #155 3319 MAGUIRE BLVD #155 ORLANDO FL 32803 ORLANDO FLA 32803 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-1466562 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) JUERGENSEN, WALT 5695 BEGGS RD ORLANDO FL 32810 Zip Code City 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable Make Check Payable to 9. Election Campaign Financing \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. (9/04) D DP Change ☐ Addition TITLE TITLE □ Delete **BELTON, DOUG** NAME NAME STREET ADDRESS STREET ADDRESS 110 LUDLOW DRIVE CITY-ST-ZIP CITY-ST-ZIP LONGWOOD FL 32779 ☐ Addition Change ☐ Delete TITLE D TITI F WHITE, JAMES M NAME NAME STREET ADDRESS STREET ADDRESS 5695 BEGGS RD, STE B CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32810 Addition Delete ☐ Change TITLE TITLE HILL, DAVID NAME David Goggin NAME STREET ADDRESS STREET ADDRESS 1 SOUTH ORANGE AVE, #304 1021 Orange Avenue CITY-ST-ZIP ORLANDO FL 32801 CITY-ST-ZIP Winter Park, FL 32789 Change ☐ Addition ☐ Delete TITLE TITLE DP NAME NAME PITT, DAVE STREET ADDRESS 1492 W FAIRBANKS AVENUE STREET ADDRESS CITY-ST-ZIP WINTER PARK FL 32789 CITY - ST - ZIP ☐ Change Addition Delete Delete TITLE TITLE Janet Brewer NEACE, SHARON NAME NAME 1100 E. Colonial Drive STREET ADDRESS 1408 WESTDALE AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WINTER PARK FL 32792 <u>Orlando, FL 32803</u> ☐ Change Addition TD TITL F **Delete** TITLE Bob McVey NAME NAME MOSS, JEFF 1111 N. Highway 427, Suite 141 STREET ADDRESS STREET ADDRESS 1800 PEMBROOK DR #300 CITY-ST-ZIP Longwood, FL 32750 CITY-ST-ZIP ORLANDO FL 32810 I hereby certify that the information supplied with this filling 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.

FILED

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dayline Phone *