

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2002 8:00 am
Secretary of State

02-01-2002 90001 010 ****61.25

DOCUMENT # 725308

1. Entity Name

THE ORLANDO CHAPTER OF THE NATIONAL SOCIETY OF THE DAUGHTERS OF THE AMERICAN REVOLUTION

Principal Place of Business

Mailing Address

800 N HWY 434, SUITE 1
 C/O SEABURN, DOUGLAS S
 ALTAMONTE SPRINGS FL 32714
 US

800 N HWY 434, SUITE 1
 C/O SEABURN, DOUGLAS S
 ALTAMONRE SPRINGS FL 32714
 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

59-6139922

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SEABURN, DOUGLAS S
 NORTHWOOD PROFESSIONAL CENTER
 800 N HWY 434, SUITE 1
 ALTAMONTE SPRINGS FL 32714

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	RD	<input type="checkbox"/> Delete
NAME	LEMAY, BARBARA	
STREET ADDRESS	5807 QUEEN STREET	
CITY-ST-ZIP	ORLANDO FL 32839-4155	
TITLE	VRD	<input type="checkbox"/> Delete
NAME	MACLEAN, MARJORY	
STREET ADDRESS	686 SELKIRK DRIVE	
CITY-ST-ZIP	WINTER PARK FL 32792-4640	
TITLE	RSD	<input type="checkbox"/> Delete
NAME	HAYNES, CATHERINE	
STREET ADDRESS	11629 PEACH GROVE LANE	
CITY-ST-ZIP	ORLANDO FL 32821-7918	
TITLE	TD	<input type="checkbox"/> Delete
NAME	CAMPBELL, KELLY	
STREET ADDRESS	1307 PINAR DR	
CITY-ST-ZIP	ORLANDO FL 32825	
TITLE	D	<input type="checkbox"/> Delete
NAME	POPE, HELEN	
STREET ADDRESS	2993 WILD HORSE ROAD	
CITY-ST-ZIP	ORLANDO FL 32822-3687	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROHRER, BETTY	
STREET ADDRESS	3313 MARDIS ROAD	
CITY-ST-ZIP	ORLANDO FL 32808-3016	

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	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 another like empowered.

SIGNATURE: *Kelly Turkin*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-16-02 407-381-5568
 Date Daytime Phone #

CR2E037 (9/01)