## 2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

## DOCUMENT # 725308

1. Entity Name

## THE ORLANDO CHAPTER OF THE NATIONAL SOCIETY OF T HE DAUGHTERS OF THE AMERICAN REVOLUTION



**FILED** Feb 21, 2003 8:00 am **Secretary of State** 

02-21-2003 90824 036 \*\*\*\*61.25

Principal Place of Business  800 N HWY 434. SUITE 1 C/O SEABURN. DOUGLAS S ALTAMONTE SPRINGS FL 32714 US 2. Principal Place of Business		Mailing Address 800 N HWY 434. SUITE 1 C/O SEABURN. DOUGLAS ALTAMONRE SPRINGS FL US 3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
						ONEOK HENE II IMAKIINA	OHAIVOLO		_	
City & State		City & State			4. FEI Number 5	4. FEI Number 59-6139922 Applied For Not Applicable			4	
Zip Country		Zip	Cou	untry	5. Certificate of St	5. Certificate of Status Desired S8.75 Additional Fee Required			1	
	6. Name and Address of Current	Registered Agent			7. Name and Add	ress of New Registered A			_	
,				Name						
	IN, DOUGLAS S VOOD PROFFESIONAL CENTER	Street Address			ddress (P.O. Bòx Number is I	(P.O. Box Number is Not Acceptable)				
	WY 434, SUITE 1								4	
	NTE SPRINGS FL 32714								_	
				City		FL	Zip Coc	le		
SIGNATURE	Signature, typed or printed name of registered agent a	9. Election Cal Trust Fund (	mpaign F	inancing	se required when reinstating)  \$5.00 May Be Added to Fees	Make Check Florida Depart			-	
10	OFFICERS AND DIS		·			•				
TITLE	OFFICERS AND DIR	ECTORS Delete	11. Titus		Treasurer	ES TO OFFICERS AND DIR	ECTORS IN	I 10 Addition	∤ଇ	
NAME STREET ADDRESS CITY-ST-ZIP	LEMAY, BARBARA 5807 QUEEN STREET ORLANDO FL 32839-4155	NAME Street			Bowen, Rosali 1255 Dorche Orlando, FL 3		Griange	(12) Addition	CR2E037 (10/02)	
TITLE	VAD Regent	□ Delete	TITLE	-	Recording Seci		Change	Addition	뮕	
NAME	MACLEAN, MARJORY		NAM		Ama Merring	an, Almee			0	
STREET ADDRESS	686 SELKIRK DRIVE				Merrim 1441 Megan E					
CITY-ST-ZIP	WINTER PARK FL 32792-4640		CITY	-ST-ZIP	Orlando FL 3	28-19-7764			-	
TITLE NAME	HAYNES, CATHERINE	☐ Delete	TITLE				☐ Change	Addition Addition		
STREET ADDRESS	11629 PEACH GROVE LANE			ET ADDRESS						
CITY-ST-ZIP	ORLANDO FL 32821-7918			·ST-ZIP						
TITLE	10 2nd Vice Regent	☐ Delete	TITLE				☐ Change	☐ Addition	1	
NAME	CAMPBELL, KELLY		NAME	:						
STREET ADDRESS	1307 PINAR DR			ET ADDRESS						
CITY-ST-ZIP	ORLANDO FL 32825  FRegistrar	Пъ	_	-ST-ZIP		<del></del>			-	
TITLE NAME	POPE, HELEN	☐ Delete	TITLE				Change	Addition	ļ	
STREET ADDRESS	2993 WILD HORSE ROAD			ET ADORESS					1	
CITY-ST-ZIP	ORLANDO FL 32822-3687			ST-ZIP						
TITLE	D	Delete	TITLE			- 12 120	☐ Change	☐ Addition		
NAME	ROHRER, BETTY	<del>,</del> -	NAME	- 1						
STREET ADDRESS CITY-ST-ZIP	3313 MARDIS ROAD ORLANDO EL 32808-3016			ET ADDRESS						
UITT-31-ZIP 1	CONCADUO EL 32808-3076		■ CHY-	ST-7IP					1	

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:

2/7/03