

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 741265

1. Entity Name

THE SCOTTISH-AMERICAN SOCIETY OF CENTRAL FLORIDA

Principal Place of Business

524 SANDLINE ROAD  
WINTER GARDEN FL 34797  
US

Mailing Address

P.O. BOX 2948  
ORLANDO FL 32802  
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

59-2824066

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

GRAY, JAMES S.M.  
524 SANDLINE ROAD  
WINTER GARDEN FL 34797

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
MARSHALL, RICHARD  
14511 HERTHA AVENUE  
ORLANDO FL 32826-3808 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
STDY  
GRAY, VALERIE A  
524 SANDLINE ROAD  
WINTER GARDEN FL 34797 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
STD LYLE McDONALD  
971 SILVERTON LOOP  
LAKE HARY, FL. 32746-4983 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DV  
BARR, DENNIS  
11 OKALPI LANE  
ORLANDO FL 32825 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DV JEFFREY CAMPBELL  
1496 ROBERT STREET  
LONGWOOD, FL 32750-6252 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/18/01 407-328-8888  
Date Daytime Phone #

FILED

Apr 10, 2001 8:00 am  
Secretary of State

04-10-2001 90131 049 \*\*\*\*61.25

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DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)