

FILED

Jun 26, 2001 8:00 am
Secretary of State

05-15-2001 90150 037 ****61.25

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 745066

1. Entity Name

GAY, LESBIAN & BISEXUAL COMMUNITY CENTER OF CENT

Principal Place of Business

Mailing Address

946 NORTH MILLS AVE
ORLANDO FL 32803
US946 NORTH MILLS AVE
ORLANDO FL 32803
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

59-1884445

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

POPICK, DAVID W
1041 TUSCANY PLACE
WINTER PARK FL 32789

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 \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to FeesMake 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 MILLER, BARRY 5105 TURKEY LAKE ROAD ORLANDO FL 32819	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Edward Johnston President 17 N. Summerland Ave Orlando, FL 32801	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BLANKENSHIP, KATHY 825 EAST MAGNOLIA AVENUE LONGWOOD FL 32750	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Bart Zarcion 651 Montego Bay Court Winter Park, FL 32792	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SEE, BRYAN 957 FLORIDA PARKWAY KISSIMMEE FL 34743	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Michelle Sullivan P.O. Box 681387 Orlando, FL 32868	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BELL, GREG 2174 CRANDON AVENUE WINTER PARK FL 32789	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Cline Phillips 295 30th Street Orlando, FL 32805	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARBER, ELLIOTT 1912 BISCAVNE DRIVE ORLANDO FL 32804	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Todd Collins 718 S. Mills Ave. Orlando, FL 32806	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOYER, MARK 8648 FORT SHEA AVENUE ORLANDO FL 32804	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Elaire Ewing 930 Park Lake Circle Maitland, FL 32751	☐ 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

Date

Daytime Phone #

CR2E037 (10/00)