

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

FILED
Apr 29, 2003 8:00 am
Secretary of State

04-29-2003 90053 007 ****61.25

DOCUMENT # 745066

1. Entity Name

GAY, LESBIAN & BISEXUAL COMMUNITY CENTER OF CENTRAL FLORIDA, INC.



Principal Place of Business

**946 NORTH MILLS AVE
ORLANDO FL 32803
US**

Mailing Address

**946 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

☒ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BARBER, ELLIOTT
639 RAMONA LANE #1
ORLANDO FL 32805**

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☒ Delete
NAME **ZARCONI, BART**
STREET ADDRESS **6000 SCOTCHWOOD GLEN. #102**
CITY-ST-ZIP **ORLANDO FL 32822**

TITLE **PRESIDENT** ☒ Change ☒ Addition
NAME **DAVID A. Schuler**
STREET ADDRESS **207 Phillips Pl**
CITY-ST-ZIP **ORLANDO, FL 32806**

TITLE **VP** ☒ Delete
NAME **MACALI, NEIL**
STREET ADDRESS **1155 S VINELAND ROAD**
CITY-ST-ZIP **WINTER GARDEN FL 34787**

TITLE **V-Pres.** ☒ Change ☒ Addition
NAME **ANDRIA AUERRELL**
STREET ADDRESS **220 Story Rd**
CITY-ST-ZIP **Winter Garden, FL 34784**

TITLE **D** ☒ Delete
NAME **GAMBRA, ROSEMARIE**
STREET ADDRESS **707 BONGART ROAD**
CITY-ST-ZIP **WINTER PARK FL 35868**

TITLE **LISH MANCHESTER** ☒ Change ☒ Addition
NAME **LISH MANCHESTER**
STREET ADDRESS **1881 Porticiara Rd**
CITY-ST-ZIP **Winter Park, FL 32792**

TITLE **T** ☐ Delete
NAME **BELL, GREG**
STREET ADDRESS **2174 CRANDON AVE**
CITY-ST-ZIP **WINTER PARK FL 32789**

TITLE **JO Rodriguez** ☐ Change ☒ Addition
NAME **JO Rodriguez**
STREET ADDRESS **405 SE South St.**
CITY-ST-ZIP **Orlando, FL 32803**

TITLE **D** ☐ Delete
NAME **ROGERS, AUSTIN**
STREET ADDRESS **2111 VIVADA STREET**
CITY-ST-ZIP **ORLANDO FL 32803**

TITLE **SECRETARY** ☒ Change ☐ Addition
NAME **Austin Rogers**
STREET ADDRESS **← Austin Rogers**
CITY-ST-ZIP **← Austin Rogers**

TITLE **D** ☒ Delete
NAME **GROSSMAN, MARC**
STREET ADDRESS **317 WEKIVA SPRINGS ROAD #100**
CITY-ST-ZIP **LONGWOOD FL 32779**

TITLE **Penny Reed** ☒ Change ☒ Addition
NAME **Penny Reed**
STREET ADDRESS **6007 Graeline Dr**
CITY-ST-ZIP **Orlando, FL 32810**

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 REQUIRED**

24 Apr 2003 407-376-4621

CR2E037 (10/02)