

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90019 023 ****61.25

DOCUMENT # 748284

1. Entity Name

HEART OF THE CITY FOUNDATION, INC.

Principal Place of Business 106 E CHURCH STREET ORLANDO FL 32801	Mailing Address 106 E CHURCH STREET ORLANDO FL 32801-3341
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C0012278



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 59-1940285	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MCKENNEY, BEN L.
106 EAST CHURCH ST
ORLANDO FL 32801

7. Name and Address of New Registered Agent

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 _____ (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	
T NAME STREET ADDRESS CITY-ST-ZIP	HAMES, LAURENCE 100 OAKLEIGH DR MAITLAND FL
T NAME STREET ADDRESS CITY-ST-ZIP	NEEDHAM, DANIEL 5343 JADE CIR ORLANDO FL 32812
T NAME STREET ADDRESS CITY-ST-ZIP	BALL, CLINTON 2628 ASHLEY DR ORLANDO FL
T NAME STREET ADDRESS CITY-ST-ZIP	BROWN, DONALD E. 1127 EDGEWATER DR. ORLANDO FL 32804
T NAME STREET ADDRESS CITY-ST-ZIP	STERCHI, ELIZABETH A. 910 VENTURA AVENUE ORLANDO FL 32804
TS NAME STREET ADDRESS CITY-ST-ZIP	HURT, BETTY JO 1500 LANCASTER DR ORLANDO FL 32804

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
T NAME STREET ADDRESS CITY-ST-ZIP	MILLER, THOMAS 1001 TEMPLE GROVE WINTER PARK, FL 32789
T NAME STREET ADDRESS CITY-ST-ZIP	MCLEOD, DAVID 930 N. TEXAS AVE ORLANDO, FL 32804
T NAME STREET ADDRESS CITY-ST-ZIP	BRANNON, CAROL 1109 ARUBA DR. ORLANDO, FL 32803
T NAME STREET ADDRESS CITY-ST-ZIP	CLAYTON, CRAIG 3200 LAKE SHORE DR. ORLANDO, FL 32803
T NAME STREET ADDRESS CITY-ST-ZIP	JOHN VOONICKER 1013 MONTEALMIST ORLANDO, FL 32806

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]* **1-06-00**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)