

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2001 8:00 am
Secretary of State

02-19-2001 90062 018 ****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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1940285

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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 Delete
 NAME **HAMES, LAURENCE**
 STREET ADDRESS **100 OAKLEIGH DR**
 CITY-ST-ZIP **MAITLAND FL 32751**

TITLE Change Addition
 NAME **MILLER, THOMAS**
 STREET ADDRESS **1001 TENNESSEE**
 CITY-ST-ZIP **WINTER PARK, FL 32789**

TITLE Delete
 NAME **NEEDHAM, DANIEL**
 STREET ADDRESS **5343 JAOE CIR**
 CITY-ST-ZIP **ORLANDO FL 32812**

TITLE Change Addition
 NAME **MCLEOD, DAVID**
 STREET ADDRESS **930 N. TEXAS AVE**
 CITY-ST-ZIP **ORLANDO, FL 32804**

TITLE Delete
 NAME **BALL, CLINTON**
 STREET ADDRESS **2628 ASHLEY DR**
 CITY-ST-ZIP **ORLANDO FL**

TITLE Change Addition
 NAME **BRANNON, CAROL**
 STREET ADDRESS **1109 ARROW DR.**
 CITY-ST-ZIP **ORLANDO, FL 32803**

TITLE Delete
 NAME **BROWN, DONALD E.**
 STREET ADDRESS **1127 EDGEWATER DR.**
 CITY-ST-ZIP **ORLANDO FL 32804**

TITLE Change Addition
 NAME **CLAYTON, CRAIG**
 STREET ADDRESS **3200 LAKE SHORE DR.**
 CITY-ST-ZIP **ORLANDO, FL 32803**

TITLE Delete
 NAME **STERCHI, ELIZABETH A.**
 STREET ADDRESS **910 VENTURA AVENUE**
 CITY-ST-ZIP **ORLANDO FL 32804**

TITLE Change Addition
 NAME **VODANICKAS, JOHN**
 STREET ADDRESS **1013 MONTAIGN ST.**
 CITY-ST-ZIP **ORLANDO, FL 32803**

TITLE Delete
 NAME **HURT, BETTY JO**
 STREET ADDRESS **1500 LANCASTER DR**
 CITY-ST-ZIP **ORLANDO FL 32804**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

[Handwritten Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-24-01 407-423-3441
 Date Daytime Phone #

CR2E037 (10/00)