

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2002 8:00 am
Secretary of State

05-03-2002 90130 001 ***122.50

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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-1940285	Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.			Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip	Country	Zip	Country		

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. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HAMES, LAURENCE 100 OAKLEIGH DR MAITLAND FL 32751 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T NEEDHAM, DANIEL 5343 JAOE CIR ORLANDO FL 32812 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Needham, Daniel 5343 Jade Cir. Orlando, FL 32812 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BALL, CLINTON 2628 ASHLEY DR ORLANDO FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BROWN, DONALD E. 1127 EDGEWATER DR. ORLANDO FL 32804 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Brown, Donald E. 1127 Edgewater Dr. Orlando, FL 32804 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T STERCHI, ELIZABETH A. 910 VENTURA AVENUE ORLANDO FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS HURT, BETTY JO 1500 LANCASTER DR ORLANDO FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Hurt, Betty Jo 1500 Lancaster Dr. Orlando, FL 32806 <input checked="" type="checkbox"/> Change <input type="checkbox"/> 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]* **2-18-02** **407-423-3441**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)

Attachment

#748284

HEART OF THE CITY FOUNDATION TRUSTEES 2002

TITLE: T
NAME: Ball, Clinton R.
ADDRESS: 2628 Ardsley Drive
CITY, ST, ZIP: Orlando, FL 32804

TITLE: T
NAME: McLeod, David M.
ADDRESS: 930 N Texas Ave.
CITY, ST, ZIP: Orlando, FL 32804

TITLE: T
NAME: Brannon, Carol
ADDRESS: 1109 Aruba Dr.
CITY, ST, ZIP: Orlando, FL 32806

TITLE: T
NAME: Miller, Tom
ADDRESS: 1001 Temple Grv.
CITY, ST, ZIP: Winter Park, FL 32789

TITLE: TS
NAME: Clayton, Craig
ADDRESS: 3200 Lake Shore Dr.
CITY, ST, ZIP: Orlando, FL 32803

TITLE: T
NAME: Sterchi, Elizabeth A.
ADDRESS: 910 Ventura Ave.
CITY, ST, ZIP: Orlando, FL

TITLE: T
NAME: Hames, Laurence C.
ADDRESS: 100 Oakleigh Dr.
CITY, ST, ZIP: Maitland, FL 32751

TITLE: T
NAME: Vodenicker, John
ADDRESS: 1013 Montcalm St.
CITY, ST, ZIP: Orlando, FL 32806

TITLE: Exec. Dir.
NAME: McKenney, Ben
ADDRESS: 1126 Shorewood Dr.
CITY, ST, ZIP: Orlando, FL 32806