

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 762699

1. Entity Name

ORANGE COUNTY BAR ASSOCIATION FOUNDATION, INC.

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

04-27-2000 90075 024 ****61.25

Principal Place of Business

880 N ORANGE AVENUE #100
ORLANDO FL 32801

Mailing Address

880 N ORANGE AVENUE #100
ORLANDO FL 32801-1023

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

59-2215141

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

ORANGE COUNTY BAR ASSOCIATION, INC.
880 N ORANGE AVENUE #100
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 P ☒ Delete
NAME DECUBELLUS, DANIEL L.
STREET ADDRESS 255 S ORANGE AVE #801
CITY-ST-ZIP ORLANDO FL

TITLE Executive Council ☐ Change ☒ Addition
NAME Paul L. SanGiovanni
STREET ADDRESS 390 N. Orange Ave., #600
CITY-ST-ZIP Orlando, FL 32801

TITLE T ☐ Delete
NAME BOYNTON, GARY J
STREET ADDRESS 330 N BROADWAY AVE
CITY-ST-ZIP ORLANDO FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VP ☒ Delete
NAME MCMILLEN, SCOTT R.
STREET ADDRESS 200 S ORANGE AVE #1410
CITY-ST-ZIP ORLANDO FL

TITLE Executive Council ☐ Change ☒ Addition
NAME Rebecca L. Palmer
STREET ADDRESS 215 N. Eola Drive
CITY-ST-ZIP Orlando, FL 32801

TITLE P ☐ Delete
NAME SUBLETTE, WILLIAM E
STREET ADDRESS 25 S MAGNOLIA AVE
CITY-ST-ZIP ORLANDO FL 32801

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME WILSON, BRIAN T
STREET ADDRESS 719 VASSAR ST
CITY-ST-ZIP ORLANDO FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ED ☐ Delete
NAME BARNES, SUSIE K
STREET ADDRESS 880 N ORANGE AVE #100
CITY-ST-ZIP ORLANDO FL 32801

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)