

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2000 8:00 am
Secretary of State

05-23-2000 90229 046 ****70.00

DOCUMENT # 766641

1. Entity Name

O.R.B.I.T. OWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

2950 ENTRY POINT BLVD.
 KISSIMMEE FL 34746

2345 SAND LAKE ROAD
 #100
 ORLANDO FL 32809-9120
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

36-3319856

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

KORSHAK, STEPHEN D
2345 SAND LAKE RD
SUITE 100
ORLANDO FL 32809

Name

Stephen D. Korshak, Esq.

Street Address (P.O. Box Number is Not Acceptable)

2345 Sand Lake Road, suite 120

City

Orlando, FL

Zip Code

32809

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	PD	<input type="checkbox"/> Delete
NAME	VEITH, WALTER	
STREET ADDRESS	6012 WEST CENTRAL BLVD	
CITY-ST-ZIP	ORLO VISTA FL 32835	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	STANCZAK, ROBERTA	
STREET ADDRESS	949 SHADOW OAKS RD	
CITY-ST-ZIP	KISSIMMEE FL 34744	
TITLE	STD	<input type="checkbox"/> Delete
NAME	GATCHA, MICHAEL	
STREET ADDRESS	S.R. MEADOW RUN LAKE	
CITY-ST-ZIP	GOUCOSBORO PA 18424	
TITLE	D	<input type="checkbox"/> Delete
NAME	KEYES, RALPH J	
STREET ADDRESS	2832 RIVERSIDE PARK RD	
CITY-ST-ZIP	ORLANDO FL 32810-2952	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCHREIBER, STEVEN	
STREET ADDRESS	22049 CHESTNUT RIDGE	
CITY-ST-ZIP	KILDEER IL 60047	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Veith, Walter	
STREET ADDRESS	2345 Sand Lake Road, Suite 100	
CITY-ST-ZIP	Orlando, FL 32809	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Stanczak, Roberta	
STREET ADDRESS	2345 Sand Lake Road, Suite 100	
CITY-ST-ZIP	Orlando, FL 32809	
TITLE	S/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gatcha, Michael	
STREET ADDRESS	2345 Sand Lake Road, Suite 100	
CITY-ST-ZIP	Orlando, FL 32809	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Keyes, Ralph	
STREET ADDRESS	2345 Sand Lake Road, Suite 100	
CITY-ST-ZIP	Orlando, FL 32809	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Schreiber, Steven	
STREET ADDRESS	2345 Sand Lake Road, Suite 100	
CITY-ST-ZIP	Orlando, FL 32809	
TITLE	D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bernath, Gene	
STREET ADDRESS	2345 Sand Lake Road, Suite 100	
CITY-ST-ZIP	Orlando, FL 32809	

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
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/2000 Date

(407) 859-8900 Daytime Phone #

CR2E037 (9/99)