

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 05, 2003 8:00 am**  
**Secretary of State**

02-17-2003 90215 048 \*\*\*\*61.25

**DOCUMENT # N00266**


1. Entity Name  
**ORLANDO CHAPTER OF THE AMERICAN INSTITUTE OF ARCHITECTS INC.**



Principal Place of Business      Mailing Address  
**830 WOODCOCK RD      830 WOODCOCK RD**  
**STE 226      STE 226**  
**ORLANDO FL 32803      ORLANDO FL 32803**  
**US      US**

2. Principal Place of Business      3. Mailing Address  
Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
Zip      Country      Zip      Country



CHECK HERE IF MAKING CHANGES

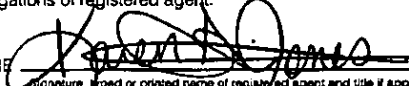
4. FEI Number **59-2721141**      Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
**JONES, KAREN**  
**830 WOODCOCK RD STE 226**  
**ORLANDO FL 32803**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE       DATE **2/8/03**

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 Florida Department of State

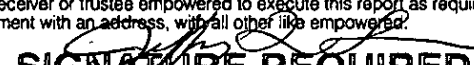
10. OFFICERS AND DIRECTORS

TITLE	<b>T</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>BUTLER, NATHAN</b>	
STREET ADDRESS	<b>820 IRAM AVE</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32803</b>	
TITLE	<b>P</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>EHRIG, JOHN</b>	
STREET ADDRESS	<b>5979 CARGO RD</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32827</b>	
TITLE	<b>S</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>STIMSON, BILL</b>	
STREET ADDRESS	<b>225 E. ROBINSON ST., #405</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32801</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>LURIE, JEFFERY</b>	
STREET ADDRESS	<b>3018 HUNTINGTON ST</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32803</b>	
TITLE	<b>CD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>SULLIVAN, CATHERINE A</b>	
STREET ADDRESS	<b>1560 N ORANGE AVE.</b>	
CITY-ST-ZIP	<b>WINTER PARK FL 32789</b>	
TITLE	<b>CD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>REID, JOHNSTONE JR</b>	
STREET ADDRESS	<b>2301 MATTLAND CTR PKWY #300</b>	
CITY-ST-ZIP	<b>MATTLAND FL 32751</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>President</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Nathan Butler</b>	
STREET ADDRESS	<b>820 Irma Ave.</b>	
CITY-ST-ZIP	<b>Orlando, FL 32803</b>	
TITLE	<b>President-Elect</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Cathie Sullivan</b>	
STREET ADDRESS	<b>1510 N. Orange Ave, Ste. 100</b>	
CITY-ST-ZIP	<b>Orlando, FL 32789</b>	
TITLE	<b>Secretary</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Dan Kirby</b>	
STREET ADDRESS	<b>1557 Sandspur Rd.</b>	
CITY-ST-ZIP	<b>Maitland, FL 32751</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>Chapter Director</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Steve Murphy</b>	
STREET ADDRESS	<b>P.O. Box 1000</b>	
CITY-ST-ZIP	<b>Lake Buena Vista, FL 32830</b>	
TITLE	<b>Chapter Director</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Hank Wolf</b>	
STREET ADDRESS	<b>222 West Maitland Blvd.</b>	
CITY-ST-ZIP	<b>Maitland, FL 32751</b>	

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

**2/26/2003**      **407-629-0595**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E037 (10/02)