

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N02000002847

FILED
Apr 30, 2003
Secretary of State

Entity Name: ORLANDO CARIBBEAN DOMINO ASSOCIATION, INC

Current Principal Place of Business:

4130 MAPLEGROVE DRIVE
ORLANDO, FL 328188238

New Principal Place of Business:

Current Mailing Address:

4130 MAPLEGROVE DRIVE
ORLANDO, FL 328188238

New Mailing Address:

FEI Number: 82-0540632

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ACCOUNTING AND COMPUTER SERVICES
4130 MAPLEGROVE DRIVE
ORLANDO, FL 328188238

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BRANCH, ULERIC H
Address: 8066 STIRRUPWOOD COURT
City-St-Zip: ORLANDO, FL 328188238

Title: V () Delete
Name: OSMAN, GARY
Address: 6432 LEMONWOOD COURT
City-St-Zip: ORLANDO, FL 32818

Title: ST () Delete
Name: SCANTLEBURY, PHILIP A SR.
Address: 4130 MAPLEGROVE DRIVE
City-St-Zip: ORLANDO, FL 328188238

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: BRANCH, ULERIC H
Address: 8066 STIRRUPWOOD COURT
City-St-Zip: ORLANDO, FL 328188238

Title: D (X) Change () Addition
Name: OSMAN, GARY
Address: 6432 LEMONWOOD COURT
City-St-Zip: ORLANDO, FL 32818

Title: D (X) Change () Addition
Name: SCANTLEBURY, PHILIP A SR.
Address: 4130 MAPLEGROVE DRIVE
City-St-Zip: ORLANDO, FL 328188238

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PHILIP SCANTLEBURY

D

04/30/2003

Electronic Signature of Signing Officer or Director

_____ Date