

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N13465

1. Entity Name

NAMI GREATER ORLANDO, INC.

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90032 018 ****61.25

Principal Place of Business

Mailing Address

2242 WINTER WOODS BLVD
SUITE C
WINTER PARK FL 32792
US

2242 WINTER WOODS BLVD
SUITE C
WINTER PARK FL 32792-1927
US

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

59-2600149

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

PURCELL, ANN F.
828 TUSCARORA TRAIL
MAITLAND FL 32751

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 CPD ☐ Delete
NAME PURCELL, ANN
STREET ADDRESS 828 TUSCARORA TR
CITY-ST-ZIP MAITLAND FL 32751

TITLE Director ☒ Change ☐ Addition
NAME Purcell, Ann in Title
STREET ADDRESS
CITY-ST-ZIP

TITLE CPD ☐ Delete
NAME SCHUBERT, MARTIE
STREET ADDRESS 1260 SARA COURT
CITY-ST-ZIP WINTER PARK FL 32789

TITLE Director ☒ Change ☐ Addition
NAME Schubert, Martie in title
STREET ADDRESS
CITY-ST-ZIP

TITLE T ☐ Delete
NAME BRIER, HARRY S
STREET ADDRESS 1500 GAY RD #22D
CITY-ST-ZIP WINTER PARK FL

TITLE Director ☒ Change ☐ Addition
NAME Brier, Harry S. in title
STREET ADDRESS 2648 Queen Mary Pl.
CITY-ST-ZIP Maitland, FL 32751

TITLE VD ☐ Delete
NAME MATHES, D. MICHAEL
STREET ADDRESS 641 W MICHIGAN ST
CITY-ST-ZIP ORLANDO FL 32805

TITLE Co President ☒ Change ☐ Addition
NAME Mathes, D. Michael in title and
STREET ADDRESS 6319 Gibson DR address
CITY-ST-ZIP Orlando, FL 32809

TITLE SD ☒ Delete
NAME JOHNSON, JOYCE
STREET ADDRESS 2905 CHANTILLY AVE
CITY-ST-ZIP WINTER PARK FL 32789

TITLE Co President ☐ Change ☒ Addition
NAME Mathes, Marcia M.
STREET ADDRESS 6319 Gibson DR
CITY-ST-ZIP Orlando, FL 32809

TITLE D ☐ Delete
NAME CRAWFORD, JIM
STREET ADDRESS 2215 GEIGEL CT
CITY-ST-ZIP ORLANDO FL 32806

TITLE Treasurer ☒ Change ☐ Addition
NAME Crawford, Jim in title
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:

Michael Mathes, Pres. 4/2/00 407
422-1081
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)