2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2002 8:00 am
Secretary of State
01-21-2002 90025 038 ****61.25

DOCUMENT # N13465

1. Entity Name

NAMI GREATER ORLANDO, INC.

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 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2240 Winter Woods Blvd	2240 Winter Woods Blvd.
Suite, Apt. #, etc.: 1000	Suite, Apt. #, etc.: 1000
City & State: Winter Park FL	City & State: Winter Park FL
Zip: 32792 Country: USA	Zip: 32792 Country: USA.

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

PURCELL, ANN F.
828 TUSCARORA TRAIL
MAITLAND FL 32751

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.

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D PURCELL, ANN 828 TUSARORA TR MAITLAND FL 32751	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SCHUBERT, MARTIE 1260 SARA COURT WINTER PARK FL 32789	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BRIER, HARRY S 2648 QUEEN MARY PL MAITLAND FL 32751	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CPD MATHES, D. MICHAEL 6319 GIBSON DR ORLANDO FL 32809	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CPD STEPHEN BACALLAO 4300 GABRIELLA LANE WINTER PARK FL 32792	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CPD MATHES, MARCIA M 6319 GIBSON DR ORLANDO FL 32809	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CPD DAWN BACALLAO 4300 GABRIELLA LANE WINTER PARK FL 32792	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD BACALLAO, STEPHEN 4300 GABRIELLA LN. WINTER PARK FL 32792	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD CAROL LANE 4469 OLD BEAR RUN WINTER PARK, FL 32792	☐ Change ☒ Addition

CR2E037 (9/01)

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: Stephen Bacallao CPD President 1/10/02 407-948-5499
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #