2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2001 08:00 AM
Secretary of State

DOCUMENT # **N16560**

1. Entity Name
THE ORGANIZATION FOR THE REHABILITATION OF THE ENVIRON MENT, INC.

Principal Place of Business	Mailing Address
816 PINE SHADOW DRIVE	PO BOX 16-1510
APOPKA FL 32712	ALTAMONTE SPRINGS FL 32716 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2588147** ☐ 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
LEIBOLT MS GRACE 816 PINE SHADOW DRIVE APOPKA FL 32712 US	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 **LEIBOLT, MS GRACE** **02/21/2001**
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		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☒ Change ☐ Addition
TD	FINNIGAN, BRIAN POST OFFICE BOX 2488 N/A DUNNELLON FL		TD	LEIBOLT, MS GRACE 816 PINE SHADOW DRIVE APOPKA FL 32712	
SD	FINNIGAN, MONIQUE POST OFFICE BOX 2314 N/A PORT-AU-PRINCE,HAITI	☐ Delete	SD	FINNIGAN, MONIQUE 3750 MAIN HWY MIAMI FL 33133	☒ Change ☐ Addition
D	MAGLOIRE, ELIASSAINT POST OFFICE BOX 2314 N/A PORT-AU-PRINCE, HAITI	☐ Delete			☐ Change ☐ Addition
PD	FINNIGAN, SHAUN POST OFFICE BOX 2314 N/A PORT-AU-PRINCE,HAITI	☐ Delete	PD	FINNIGAN, SHAUN 3750 MAIN HWY MIAMI FL 33133	☒ Change ☐ Addition
		☐ Delete			☐ Change ☐ Addition
		☐ Delete			☐ Change ☐ Addition

CR2E037 (11/00)

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: FINNIGAN, SHAUN PD 02/21/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #