2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PARTED NAME OF SIGNING OFFICER OR DIRECTOR

May 16, 2000 8:00 am Secretary of State **DOCUMENT # N32408** THE FIRST ORLANDO FOUNDATION, INC. 05-16-2000 90177 014 ****61.25 Principal Place of Business Mailing Address 612 E COLONIAL DRIVE 612 E COLONIAL DRIVE **SUITE 190** SUITE 190 ORLANDO FL 32803-4650 ORLANDO FL 32803 HS us 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State 59-2953515 Not Applicable \$8.75 Additional Zip Zip Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) RANDALL, JAMES **612 E COLONIAL DR STE 190** Zip Code City FL ORLANDO FL 32803 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. 4-25-2000 SIGNATURE Make Check Payable to 9. Election Campaign Financing **FILE NOW:** \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. ☐ Addition DITE Change VD ☐ Delete TITLE CHAMBERLAIN, PETE NAME NAME STREET ADDRESS STREET ADDRESS 2845 MARQUESSA CT CITY-ST-ZIP CITY-ST-7IP WINDERMERE FL ☐ Change ☐ Addition TITLE ☐ Delete JAMES, RANDALL NAME STREET ADDRESS STREET ADDRESS 612 E COLONIAL DR STE 190 CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32803 ☐ Change ☐ Addition ☐ Delete TITLE GRISWOLD, JOHN NAME NAME STREET ADDRESS STREET ADDRESS 11039 CLIPPER COURT CITY-ST-ZIP CITY-ST-ZIP windermere fl ☐ Addition ☐ Change TITI F STD □ Delete TITLE NAME HETRICK, KENNETH M NAME STREET ADDRESS STREET ADDRESS 2667 BRUTON BOULEVARD CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME HENRY, JAMES B. STREET ADDRESS 3701 L.B. MCLEOD RD. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL ☐ Change Addition CD ☐ Delete TITLE TITLE NAME SCHRIMSHER, STEVEN NAME STREET ADDRESS STREET ADDRESS 2527 PERSHING OAKS PL CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 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.

Randall James Prasident 4-25-2660 872-1400