NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## **FILED** Feb 27, 1999 8:00 am Secretary of State

02-27-1999 90072 012 \*\*\*\*61.25

## **DOCUMENT # N50776**

1. Corporation Name							
ORLANDO AREA SPORTS COMMISSION, INC.							
CENTRAL FLORIDA SPORTS COMMISSIO					(a)		
Principal Place of Business Mailing Address					•		
126 E LUCERNE CIRCLE 126 E LUCERNE CIRCLE					E KARAKKAN ADIK DIRIK REBIK KERIK KADIR DIRIK BIRK	I BUBU BUBU BUBU BUBU BUBU BUBU B	
ORLANDO FL 32801 ORLANDO FL 23801							
US US						, Dien assir eien best biets innt	
10 M. W. Adduse					3. Date Incorporated or Qualifed	· · · · · · · · · · · · · · · · · · ·	
Principal Place of Business     2a. Mailing Address					09/10/1992		
25     26					4. FEI Number	Applied For	
					59-3152788	Not Applicable	
22     27					· _	\$8.75 Additional	
23 28					5. Certificate of Status Desired	Fee Required	
Zip Country Zip			Country	/	6. Election Campaign Financing	\$5.00 May Be	
24	25 29 30				Trust Fund Contribution	Added to Fees	
9. Name and Address of Current Registered Agent					10. Name and Address of New Register	ed Agent	
				81 Name SAME			
RANDY JOHNSON			82	Street Ar	eet Address (P.O. Box Number is Not Acceptable)		
672 BELLHURST COURT					120 SYLAMORE ST.		
ORLANDO FL 32835					•		
<i>-</i>				City	_	85 Zip Code	
$\Omega$				( ( )		L 34747	
11. Dursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered							
agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.							
SIGNATURE	•					<u> </u>	
	Signature, typed or printed name of registered agent a		tegistered Age	nt signature requ	uired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS		
12.	Of Field Will Britain		1.1 TITLE	<del></del>	SAME	☐ Change ☐ Addition	
TITLE	– I		1.2 NAME		SAME		
NAME	SOTINOCI, TIANDI			13 STREET ADDRESS 420 SYLAMORE ST			
STREET ADDRESS	ORLANDO FL		1.4 CITY-5		LELEBRATION, FL	34747	
CITY-ST-ZIP TITLE			2.1 TITLE		TS D	Change Addition	
NAME	100		2.2 NAME	7	PREVOST, JACK		
STREET ADDRESS			2.3 STREE	T ADDRESS -	ZOO S. ORANGE AVE		
CITY-ST-ZIP			2. 4 CITY-	ST-ZIP (	DRIANDO FEL 32801		
TITLE			3.1 TITLE		ED ,	CTiange ☐ Addition	
NAME			3.2 NAME	=	TOMES WilliAM		
STREET ADDRESS			3.3 STREE	T ADDRESS 4	775 175780848087	71/E	
CITY-ST-ZIP			3.4. CITY-	ST-ZIP	ALTAMONTE SPRINGS,	FC 32 181	
TILE		☐ DELETE	4.1 TITLE			☐ Change ☐ Addition	
NAME			4, 2 NAME	:	*		
STREET ADDRESS			4.3 STREE	TADDRESS	•		
CITY-ST-ZIP			4.4 CITY-5	ST-ZIP			
TITLE		DELETE 5.1 TI				☐ Change ☐ Addition	
NAME			5.2 NAME		'		
STREET ADDRESS				TADDRESS			
CITY-ST-ZIP			5.4 CITY-5 6.1 TITLE	51-ZIP		☐ Change ☐ Addition	
TITLE		☐ DÉLETE			:	Frendo Francison	
NAME			6.2 NAME		,		
STREET ADDRESS				T ADDRESS			
CITY ST-ZIP			6.4 CITY-S	51-ZP			

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: