2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Feb 07, 2001 8:00 am Secretary of State DOCUMENT # N9600000950 1. Entity Name ORLANDO G.O.H., INC. 02-07-2001 90188 022 ****61 25 Principal Place of Business Mailing Address 48 NORTH ORANGE BLOSSOM TRAIL 46 NORTH ORANGE BLOSSOM TRAIL ORALNDO FL 32805-1899 ORALNDO FL 32805-1899 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3369165 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired ____ Fee Réquired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ORLANDO HARCEY-1 Street Address (P.O. Box Number is Not Acceptable) DICK FARMER'S HARLEY-DAVIDSON OF ORLANDO 46 NORTH ORANGE BLOSSOM TRAIL ORALNDO FL 32805-1899 11.2 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. ABF name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW: 9. Election Campaign Financing Make Check Pavable to \$5.00 May Be Trust Fund Contribution. FEE IS \$61.25 Added to Fees **Department of State** OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE Delete 🔀 TITLE ☐ Change Addition DANID RICHWOND NAME DROUIN; NEIL-NAME 8217 Helena Drive STREET ADDRESS 2518 PEEL AVE STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32806 CITY-ST-ZIP ORIAND FL D TITLE ☐ Delete TITLE ☐ Change Addition 8217 HELENS DIME NAME SMART, STEVE NAME STREET ADDRESS STREET ADDRESS 8303 LEXINGTON VIEW LN CITY-ST-7IP CITY-ST-ZIP ORLANDO FL 32835 DECEMBO IFC 32817 TITLE ☐ Delete TITLE ☐ Change Addition NAME **BOARDWAY, GORDON** NAME Aller Kemp 1700 Buckhory Place STREET ADDRESS 1967 TURNBERRY DR STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP OVIEDO FL 32765 Oursings Er 39872 Delete TITLE Change Addition PAHLMAN: TERESA NAME STREET ADDRESS STREET ADDRESS 6198-SPARLING-FIELS CIR CITY-ST-ZIP CITY-ST-ZIP ORLANDO-FL 32808-☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

FILED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR