

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000000950

1. Entity Name

ORLANDO G.O.H., INC.

Principal Place of Business

Mailing Address

48 NORTH ORANGE BLOSSOM TRAIL
ORLANDO FL 32805-1899

48 NORTH ORANGE BLOSSOM TRAIL
ORLANDO FL 32805-1899

2. Principal Place of Business

3700 37th St
Suite, Apt. #, etc.

3. Mailing Address

3700 37th St
Suite, Apt. #, etc.

City & State

Orlando Fla

City & State

Orlando Fla

4. FEI Number

59-3369165

Applied For

Not Applicable

Zip
32805

Country

USA

Zip
32805

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ORLANDO HARLEY-DAVISON - ~~DAVIDSON~~
48 NORTH ORANGE BLOSSOM TRAIL
ORLANDO FL 32805

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 fee 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

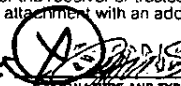
10. OFFICERS AND DIRECTORS

TITLE	D	☒ Delete
NAME	RICHMOND, DAVID	
STREET ADDRESS	8217 HELENA DRIVE	
CITY-ST-ZIP	ORLANDO FL 32817	
TITLE	D	☒ Delete
NAME	SMART, STEVE	
STREET ADDRESS	8303 LEXINGTON VIEW LN	
CITY-ST-ZIP	ORLANDO FL 32835	
TITLE	D	☒ Delete
NAME	BOARDWAY, GORDON	
STREET ADDRESS	1987-TURNBERRY DR	
CITY-ST-ZIP	OVIEDO FL 32765	
TITLE	S	☒ Delete
NAME	RICHMOND, LINDA	
STREET ADDRESS	8217 HELENA DRIVE	
CITY-ST-ZIP	ORLANDO FL 32817	
TITLE	T	☐ Delete
NAME	KEMP, ALLEN	
STREET ADDRESS	1700 BUCKHORN PLACE	
CITY-ST-ZIP	ORLANDO FL 32825	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		☒ Change ☐ Addition
NAME	CARTER, DAN	
STREET ADDRESS	6442 SWALLOW Hill Dr	
CITY-ST-ZIP	ORLANDO, FL 32818	
TITLE		☒ Change ☐ Addition
NAME	W.S. BRADHAM	
STREET ADDRESS	2403 SAN LOIS RAY Ct	
CITY-ST-ZIP	Kissimmee, FL 34746	
TITLE		☒ Change ☐ Addition
NAME	Stephen Bec	
STREET ADDRESS	5523 CEDAR Pk Dr	
CITY-ST-ZIP	Orlando, FL 32819	
TITLE		☒ Change ☐ Addition
NAME	PAULA SALEMI	
STREET ADDRESS	36 BAYBERRY	
CITY-ST-ZIP	Casselberry, FL 32707	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:  **ALLEN KEMP**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-12-01

407-423-0346

Date

Daytime Phone #

FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90091 040 ****61.25

B0056611



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)