

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000000742

1. Entity Name

ORANGE COUNTY SCHOOL BOARD LEASING CORPORATION

Principal Place of Business

Mailing Address

445 WEST AMELIA STREET  
ORLANDO FL 32801

445 WEST AMELIA STREET  
ORLANDO FL 32801-1153

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3437224

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

KRUPPENBACHER, FRANK  
445 WEST AMELIA STREET  
ELC-9  
ORLANDO FL 32801

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 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 D ☐ Delete  
NAME ARKIN, SUSAN LANDIS  
STREET ADDRESS 445 WEST AMELIA STREET  
CITY-ST-ZIP ORLANDO FL 32801

TITLE D ☐ Change ☒ Addition  
NAME Sutherland Linda  
STREET ADDRESS 445 West Amelia Street  
CITY-ST-ZIP Orlando FL 32801

TITLE D ☐ Delete  
NAME CARRIER, BERTON R  
STREET ADDRESS 445 WEST AMELIA STREET  
CITY-ST-ZIP ORLANDO FL 32801

TITLE D ☐ Change ☒ Addition  
NAME Rushing, Barbara Trovillion  
STREET ADDRESS 445 West Amelia Street  
CITY-ST-ZIP Orlando, FL 32801

TITLE D ☐ Delete  
NAME ADAMS, KATTIE J  
STREET ADDRESS 445 WEST AMELIA STREET  
CITY-ST-ZIP ORLANDO FL 32801

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☒ Delete  
NAME GARDNER, LYDIA  
STREET ADDRESS 445 WEST AMELIA STREET  
CITY-ST-ZIP ORLANDO FL 32801

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☒ Delete  
NAME RICKMAN, WAYNE  
STREET ADDRESS 445 WEST AMELIA STREET  
CITY-ST-ZIP ORLANDO FL 32801

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME SPOONE, WILLIAM C  
STREET ADDRESS 445 WEST AMELIA STREET  
CITY-ST-ZIP ORLANDO FL 32801

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Feb 11, 2000 8:00 am  
Secretary of State

02-11-2000 90014 021 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

1-24-00

1-24-00 407-317-3200