

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 701668

1. Entity Name

ORLANDO AREA ADVERTISING FEDERATION, INC.

Principal Place of Business

P.O. BOX 1614
ORLANDO FL 32802

Mailing Address

P.O. BOX 1614
ORLANDO FL 32802

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

STERLING, MARSHA
633 N. ORANGE AVE
ORLANDO FL 32801

7. Name and Address of New Registered Agent

Name Gary LaPage
Street Address (P.O. Box Number is Not Acceptable)
600 E. Washington St
City Orlando FL Zip Code 32801

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 Mary P. LaPage - TREASURER

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/21/02

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 PD ☒ Delete
NAME STERLING, MARSHA
STREET ADDRESS 633 N. ORANGE AVE
CITY-ST-ZIP ORLANDO FL 32801

TITLE PED ☐ Delete
NAME MOTTA, CYNDY
STREET ADDRESS 2251 LUCIEN WAY, SUITE 200 A
CITY-ST-ZIP MAITLAND FL 32751

TITLE VD ☐ Delete
NAME CLARY, DANA
STREET ADDRESS P.O. BOX 10000
CITY-ST-ZIP LAKE BUENA VISTA FL 32830

TITLE TD ☐ Delete
NAME LAPAGE, GARY
STREET ADDRESS 600 E. WASHINGTON ST
CITY-ST-ZIP ORLANDO FL 32801

TITLE SD ☒ Delete
NAME WOLPERT, JOETTA
STREET ADDRESS 475-L FENTRESS BLVD.
CITY-ST-ZIP DAYTONA BEACH FL 32114

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ~~PRESIDENT~~ ☐ Change ☐ Addition
NAME ~~Cyndy Motta~~
STREET ADDRESS ~~2251 Lucien Way Suite 200 A~~
CITY-ST-ZIP ~~Maitland FL 32751~~

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

TITLE PRES-ELECT ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

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)(l), 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:

Mary P. LaPage REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/21/02

Date

407-849-0100

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)