

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90059 044 ****61.25

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**

90007156



☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1623474**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**LAPAGE, GARY
600 E. WASHINGTON ST.
ORLANDO FL 32801**

Name

Hartley, Barbara

Street Address (P.O. Box Number is Not Acceptable)

600 E. Washington St.

1800 Pembroke Dr., Suite 400

City

Orlando

FL

Zip Code

32810

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Barbara A.B. Hartley

1/15/03

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

☒ Delete

TITLE **PED**
NAME **Gwynn, Cathy**
STREET ADDRESS **732 Brook Forest Court**
CITY-ST-ZIP **Apopka, FL 32712**

☒ Change ☒ Addition

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

☐ Delete

TITLE **PD**
NAME **Clary, Dana**
STREET ADDRESS **P.O. Box 10,000**
CITY-ST-ZIP **Lake Buena Vista, FL 32830**

☒ Change ☐ Addition

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

☒ Delete

TITLE **TD**
NAME **Hartley, Barbara**
STREET ADDRESS **1800 Pembroke Drive, Ste 400**
CITY-ST-ZIP **Orlando, FL 32810**

☒ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

CR2E037 (10/02)

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:

Barbara A.B. Hartley

1/15/03