

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 702174

1. Entity Name

ORLANDO CENTRAL FLORIDA CHAPTER OF AMERICAN ASSO

FILED

Jan 22, 2000 8:00 am
Secretary of State

01-22-2000 90074 016 ****61.25

Principal Place of Business

Mailing Address

515 S DELANEY AVE
APT 1402
ORLANDO FL 32801
US

100 E. ANDERSON ST.
APT 909
ORLANDO FL 32801-3759
US

2. Principal Place of Business

3. Mailing Address

100 E. ANDERSON ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Apt. 909

City & State

City & State

Orlando, FL

Zip

Country

Zip

Country

32801

US

6. Name and Address of Current Registered Agent

4. FEI Number

59-6209761

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

CARTER, MARY
100 E. ANDERSON ST.
APT 909
ORLANDO FL 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

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
NAME BAKER, CALVIN
STREET ADDRESS 20 W LUCERNE CIR SUITE 914
CITY-ST-ZIP ORLANDO FL 32801 ☒ Delete

TITLE D
NAME Linnette Phillips
STREET ADDRESS 625 Lake Dot Cir, Apt. 805
CITY-ST-ZIP Orlando, FL 32801 ☐ Change ☒ Addition

TITLE D
NAME CARDARELLI, ALEXANDER
STREET ADDRESS 3612 ST. MORITZ ST
CITY-ST-ZIP ORLANDO FL 32812 ☐ Delete

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

TITLE D
NAME HICKEY-PATTON, VALERIE
STREET ADDRESS 5651 JEAN DR.
CITY-ST-ZIP ORLANDO FL 32822 ☐ Delete

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

TITLE P
NAME CARTER, MARY
STREET ADDRESS 515 S DELANEY AVE SUITE 1402
CITY-ST-ZIP ORLANDO FL 32801 ☐ Delete

TITLE P
NAME CARTER, Mary
STREET ADDRESS 100 E. Anderson St, Apt 909
CITY-ST-ZIP Orlando, FL 32801 ☒ Change ☐ Addition

TITLE D
NAME LEWIS, ELEANOR
STREET ADDRESS 8271 PALM HARBOR WAY
CITY-ST-ZIP ORLANDO FL 32822 ☐ 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

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: MARY CARTER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

01-14-2000 407-423-7474

CR2E037 (9/99)