

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2001 8:00 am
Secretary of State
 05-11-2001 90313 033 ****61.25

0025847

DOCUMENT # 704474

1. Entity Name

ORLANDO REGIONAL REALTOR ASSOCIATION, INC.

Principal Place of Business

663 W HAROLD AVE
 REAR ENTRANCE
 WINTER PARK FL 32789

Mailing Address

200 S ORANGE AVE
 SUITE 2300
 ORLANDO FL 32801

2. Principal Place of Business

1330 W. LEE ROAD

3. Mailing Address

Suite, Apt. #, etc.

City & State

ORLANDO, FL

City & State

Zip

32810

Country

ORANGE

Country

4. FEI Number

59-0859806

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

A.G.C. CO.
 200 S ORANGE AVENUE
 SUITE 2300
 ORLANDO FL 32801

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 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

TITLE **VD** ☒ Delete
 NAME **SARCHET, CORBIN**
 STREET ADDRESS **14 E WASHINGTON ST**
 CITY-ST-ZIP **ORLANDO FL 32801**

TITLE **PD** ☐ Delete
 NAME **SIEGEL, SARA**
 STREET ADDRESS **201 N NEW YORK AVENUE #100**
 CITY-ST-ZIP **WINTER PARK, FL 32789**

TITLE **VD** ☐ Delete
 NAME **FRYER, RICHARD**
 STREET ADDRESS **5310 DIPLOMAT CIRCLE**
 CITY-ST-ZIP **ORLANDO FL 32810**

TITLE **D** ☐ Delete
 NAME **ROKEH, GREG**
 STREET ADDRESS **317 WEKIVA SPRINGS RD #200**
 CITY-ST-ZIP **LONGWOOD FL 32779**

TITLE **S** ☐ Delete
 NAME **JENNINGS, BELTON E 3RD**
 STREET ADDRESS **663 HAROLD AVE**
 CITY-ST-ZIP **WINTER PARK FL 32789**

TITLE **VD** ☐ Delete
 NAME **ACKER, RONALD SR**
 STREET ADDRESS **950 N ORLANDO AVE #150**
 CITY-ST-ZIP **WINTER PARK FL 32789**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VD** ☐ Change ☒ Addition
 NAME **LYDIA PISANO**
 STREET ADDRESS **2901 CURRY FORD RD**
 CITY-ST-ZIP **ORLANDO, FL 32806**

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

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

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

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **P.O. Box 609400**
 CITY-ST-ZIP **ORLANDO, FL 32860-9400**

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 the attached with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BELTON E. JENNINGS 4/23/2001 407-513-7260

Date Daytime Phone #

CR2E037 (10/00)