

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

DOCUMENT #

1. Entity Name

708149



FILED

03 JUN -2 AM 10:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

3100 S. Golden Rod Road

3. Mailing Address

516 MOROCCO AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

ORLANDO

City & State

ORLANDO, FL 32807

Zip

FI

Country

ORANGE

Zip

32822

Country

ORANGE

4. FEI Number

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

MARIE LEGGETT

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

516 MOROCCO AVE

City

ORLANDO

FL

Zip Code

32807

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 MARIE LEGGETT S/T Marie Leggett  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

5/28/03

FEE IS \$61.25  
Initial or Amended UBR

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

TITLE	P/D
NAME	M.A. McDANIELS
STREET ADDRESS	3610 JAMAICA RD
CITY-ST-ZIP	ORLANDO, FL 32765
TITLE	V/D
NAME	WAYNE BARNETT
STREET ADDRESS	2805 GULF STREAM RD
CITY-ST-ZIP	ORLANDO, FL 32805
TITLE	P/D
NAME	DAVID RIZER
STREET ADDRESS	5910 LYLE ST
CITY-ST-ZIP	ORLANDO, FL 32807
TITLE	D
NAME	Tom Brown
STREET ADDRESS	4528 MARTY RD
CITY-ST-ZIP	ORLANDO, FL 32822
TITLE	D
NAME	MARTHA PRESCOTT
STREET ADDRESS	7422 MOLOAKI ST
CITY-ST-ZIP	ORLANDO, FL 32822
TITLE	S/T
NAME	MARIE LEGGETT
STREET ADDRESS	516 MOROCCO AVE
CITY-ST-ZIP	ORLANDO, FL 32807

TITLE	
NAME	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: M.A. McDANIELS M.A. McDANIELS 5/28/03 407 366-4745

CR2E037B (12/02)