

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

**FILED**  
**Feb 21, 2003 8:00 am**  
**Secretary of State**

02-21-2003 90211 047 \*\*\*\*61.25

**DOCUMENT # 719959**

1. Entity Name

**EXECUTIVE ASSOCIATION OF GREATER ORLANDO, INC.**



Principal Place of Business

**C/O CLASSE MARKETING  
3319 MAQUIRE BLVD #155  
ORLANDO FLA 32803  
US**

Mailing Address

**C/O CLASSE MARKETING  
3319 MAGUIRE BLVD #155  
ORLANDO FL 32803  
US**

2. Principal Place of Business

**3165 McCrory Place**

3. Mailing Address

**3165 McCrory Place**

Suite, Apt. #, etc.

**Suite 185**

Suite, Apt. #, etc.

**Suite 185**

City & State

**Orlando, Florida**

City & State

**Orlando, Florida**

Zip

**32803**

Country

Zip

**32803**

Country

4. FEI Number **59-1466562**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**JUERGENSEN, WALT  
5695 BEGGS RD  
ORLANDO FL 32810**

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

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP BELTON, DOUG 110 LUDLOW DRIVE LONGWOOD FL 32779</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DT WHITE, JAMES M 5695 BEGGS RD, STE B ORLANDO FL 32810</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD DAVID, GOGGIN 1021 ORANGE AVENUE WINTER PARK FL 32789</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D PITT, DAVE 1492 W FAIRBANKS AVENUE WINTER PARK FL 32789</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D JANET, BREWER 1100 E COLONIAL DRIVE ORLANDO FL 32803</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD BOB, MCVEY 1111 N HWY 427 ST 141 ORLANDO FL 32810</b>	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D Larry Lockard 27025 Oak Shadow Lane Mt. Dora, FL 32757</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D Scott LaFlamme 478 Freemon Street Longwood, FL 32750</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D Jeff Leonard 120 North TripletLake Drive Casselberry, FL 32707</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> 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: **David Goggin**

2-18-03 (407) 629-6655

CR2E037 (10/02)