

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 15, 2000 8:00 am**  
**Secretary of State**

05-15-2000 90224 038 \*\*\*\*70.00

**DOCUMENT # 727142**

1. Entity Name  
**ORLANDO AMATEUR RADIO CLUB, INCORPORATED**

Principal Place of Business 931 RED OAK COURT ORLANDO FL 32809 US	Mailing Address P.O. BOX 3262 ORLANDO FL 32802-3262
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2. Principal Place of Business 1517 Nevada Ave Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State Orlando, FL	City & State
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Zip 32809	Country	Zip	Country
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4. FEI Number 23-7272924	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**NOCERO, ROBERT J**  
**3709 PELICAN LANE**  
**ORLANDO FL 32803**

7. Name and Address of New Registered Agent  
 Name: **Ronald S. Newsam**  
 Street Address (P.O. Box Number is Not Acceptable): **2212 Tonka Drive**  
 City: **Orlando, FL** Zip Code: **32839**

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: *Ronald S. Newsam*  
**Ronald S. Newsam, Treasurer** DATE: **April 28, 2000**  
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 NAME STARR, TIM	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 931 RED OAK COURT	
CITY-ST-ZIP ORLANDO FL 32809	
TITLE NAME NELSON, WAYNE	<input type="checkbox"/> Delete
STREET ADDRESS 1517 NAVADO AVE	
CITY-ST-ZIP ORLANDO FL	
TITLE NAME NOCERO, ROBERT	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 3709 PELICAN LANE	
CITY-ST-ZIP ORLANDO FL 32803	
TITLE NAME CHRISTENSON, KENNETH J	<input type="checkbox"/> Delete
STREET ADDRESS 1540 SILVER FOX CIRCLE	
CITY-ST-ZIP APOPKAO FL 32712	
TITLE NAME BOUCHER, MARK	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 7338 MARSEILLE DRIVE	
CITY-ST-ZIP ORLANDO FL 32822	
TITLE NAME NEWSAM, RON	<input type="checkbox"/> Delete
STREET ADDRESS 2212 TONKA DR	
CITY-ST-ZIP ORLANDO FL 32839	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME Vice-President Cumming, Robert	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 1850 E. Crowley Cir Longwood, 32779	
TITLE NAME President Nelson, Wayne	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1517 Nevada Ave Orlando, FL 32809	
TITLE NAME Secretary Ronco, Edd	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 4862 Whistler Dr. Orlando, FL 32812	
TITLE NAME Director Prosser, Harold	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 1017 Gammage Pt, Oviedo, FL 32765	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 an attachment with an address, with all other like empowered.

SIGNATURE: *Ronald S. Newsam* DATE: **4/28/2000** Daytime Phone #: **407 843 080**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)