

2001 UNIFORM BUSINESS REPORT (UBR)

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FILED
Apr 19, 2001 8:00 am
Secretary of State

03-14-2001 90211 003 ****61.25

DOCUMENT # 727142
1. Entity Name
ORLANDO AMATEUR RADIO CLUB, INCORPORATED

Principal Place of Business Mailing Address
~~931 RED OAK COURT~~ P.O. BOX 3262
~~ORLANDO FL 32809~~ ORLANDO FL 32802
~~US~~

2. Principal Place of Business 3. Mailing Address
2212 TONKA DR. Suite, Apt. #, etc.

City & State City & State
ORLANDO FL **ORLANDO FL**

Zip Country Zip Country
32839 **ORANGE**

4. FEI Number Applied For
23-7272924 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

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

7. Name and Address of New Registered Agent
Name: **RONALD S. NEUSAM**
Street Address (P.O. Box Number is Not Acceptable)
2212 TONKA DR
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. NEUSAM** *Ronald S. Neusam* 3/12/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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 STREET ADDRESS CITY-ST-ZIP	P STARR, TIM 931 RED OAK COURT ORLANDO FL 32809 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V NELSON, WAYNE 1517 NAVADO AVE ORLANDO FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S NOGERO, ROBERT 3709 PELICAN LANE ORLANDO FL 32803 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHRISTENSON, KENNETH J 1540 SILVER FOX CIRCLE APOPKAO FL 32712 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOUCHER, MARK 7338 MARSEILLE DRIVE ORLANDO FL 32822 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T NEWSAM, RON 2212 TONKA DR ORLANDO FL 32839 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NELSON, WAYNE 1517 NEVADA AVE ORLANDO, FL 32839 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CUMMING, ROBERT 1850 E CROWLEY CIR WONNWOOD, FL 32779 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MONCO, EDD 4862 WHISTLER DR. ORLANDO, FL 32812 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T QUENTIN JONES 1802 COLLEEN DR. ORLANDO FL 32809 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HAL PROSSER 1017 GAINMAGE PT. OVIEDO FL 32765 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JOHN MELCHIORI 1840 CLEEK CT. ORLANDO FL 32835 <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: *Ronald S. Neusam* 3/12/01 4078430810
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)