

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2002 8:00 am**  
**Secretary of State**

05-01-2002 91590 024 \*\*\*\*61.25

**DOCUMENT # 727142**

1. Entity Name

**ORLANDO AMATEUR RADIO CLUB, INCORPORATED**

Principal Place of Business

Mailing Address

2212 TONKA DR  
 ORLANDO FL 32839  
 US

P.O. BOX 3262  
 ORLANDO FL 32802

2. Principal Place of Business

**1407 JUNE STREET**

3. Mailing Address

Suite, Apt. #, etc.

City & State

**ORLANDO, FLORIDA**

City & State

City & State

4. FEI Number

**23-7272924**

Applied For

Not Applicable

Zip

**32807**

Country

**USA**

Zip

Zip

Country

Country

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**NEWSAM, RONALD S**  
**2212 TONKA DR**  
**ORLANDO FL 32839**

7. Name and Address of New Registered Agent

Name  
**RADICE, CYNTHIA**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1407 JUNE STREET**  
 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.

SIGNATURE

*Cynthia Radice* **CYNTHIA RADICE**

**4-17-02**

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 STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>NELSON, WAYNE</b> <b>1517 NEVADA AVE</b> <b>ORLANDO FL 32839</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>CUMMING, ROBERT</b> <b>1850 E. CROWLEY CIRCLE</b> <b>LONGWOOD FL 32779</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>ROMCO, EDD</b> <b>4802 WHISTLER DR</b> <b>ORLANDO FL 32812</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>JONES, QUENTIN</b> <b>1802 COLLEEN DR</b> <b>ORLANDO FL 32809</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>PROSSER, HAL</b> <b>1017 GAMMAGE PT</b> <b>OVIDO FL 32765</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>MELCHIORI, JOHN</b> <b>1840 CLEEK CT</b> <b>ORLANDO FL 32835</b>	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT</b> <b>CUMMING, ROBERT.</b> <b>1850 E. CROWLEY CIRCLE</b> <b>LONGWOOD, FL 32779</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VICE PRESIDENT</b> <b>PROSSER, HAL</b> <b>1017 GAMMAGE PT</b> <b>OVIDO, FL 32765</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SECRETARY</b> <b>RADICE, CYNTHIA</b> <b>1407 JUNE ST.</b> <b>ORLANDO, FL 32807</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TREASURER</b> <b>NEWSAM, RONALD S.</b> <b>2212 TONKA DR</b> <b>ORLANDO, FL 32839</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>JONES, QUENTIN</b> <b>1802 COLLEEN DR</b> <b>ORLANDO, FL 32809</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>→</b>	<input checked="" type="checkbox"/> Change <input 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:

*Cynthia Radice* **CYNTHIA RADICE**

**4-17-02**

**(407) 399-9015**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)