


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

FILED
Apr 09, 2003 8:00 am
Secretary of State

04-09-2003 90200 033 ****70.00

DOCUMENT # 727142

1. Entity Name
ORLANDO AMATEUR RADIO CLUB, INCORPORATED



Principal Place of Business
**1407 JUNE ST
ORLANDO FL 32807
US**

Mailing Address
**P.O. BOX 3262
ORLANDO FL 32802**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State



CHECK HERE IF MAKING CHANGES

Zip Country Zip Country

4. FEI Number **23-7272924** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**RADICE, CYNTHIA
1407 JUNE ST
ORLANDO FL 32807**

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 _____ (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	P	<input type="checkbox"/> Delete
NAME	CUMMING, ROBERT	
STREET ADDRESS	1850 E CROWLEY CIR	
CITY-ST-ZIP	LONGWOOD FL 32779	
TITLE	VP	<input type="checkbox"/> Delete
NAME	PROSSER, HAL	
STREET ADDRESS	1017 GAMMAGE PT	
CITY-ST-ZIP	OVEDO FL 32765	
TITLE	S	<input type="checkbox"/> Delete
NAME	RADICE, CYNTHIA	
STREET ADDRESS	1407 JUNE ST	
CITY-ST-ZIP	ORLANDO FL 32807	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	NEWSAN, RONALD S	
STREET ADDRESS	2212 TONKA DR	
CITY-ST-ZIP	ORLANDO FL 32839	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	JONES, QUENTIN	
STREET ADDRESS	1802 COLLEEN DR	
CITY-ST-ZIP	ORLANDO FL 32809	
TITLE	D	<input type="checkbox"/> Delete
NAME	MELCHIORI, JOHN	
STREET ADDRESS	1840 CLEEK CT	
CITY-ST-ZIP	ORLANDO FL 32835	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ENRIQUE PICO	
STREET ADDRESS	1407 JUNE STREET	
CITY-ST-ZIP	ORLANDO, FL 32807	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MELCHIORI, MARIA	
STREET ADDRESS	1840 CLEEK CT.	
CITY-ST-ZIP	ORLANDO, FL 32835	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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 empowerment.

SIGNATURE: *CYNTHIA RADICE* **RECYTHIALRADICE** 4-4-03 (407) 813-5088

CR2E037 (10/02)