

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 728834

1. Entity Name

EAST ORLANDO CIVITAN CLUB, INC.

FILED
Apr 04, 2001 8:00 am
Secretary of State

04-04-2001 90092 043 ****61.25

0025971

Principal Place of Business

315 E. ROBINSON ST.
P.O. BOX 149363
ORLANDO FL 32801
US

Mailing Address

% ROBERT DIETZ
P O BOX 3000
ORLANDO FL 32802-000
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

23-7405701

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DIETZ, ROBERT L.
315 E. ROBINSON ST.
SUITE 600
ORLANDO FL 32801

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.

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
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
DUMM, PAUL
820 DEERWOOD AVE
ORLANDO FL 32825 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V D
Hoerter, Bob
757 Green Oaks Court
Winter Park, FL 32789 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
DUMM, NIKKI
820 DEERWOOD AVE
ORLANDO FL 32825 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
Dumm, Nikki
4262 Viven Ct
Oviedo FL 32765 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
LEAMAN, DENISE
1408 E CONCORD ST. #3
ORLANDO FL 32803 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
Leaman, Denise
1416 Brook Hollow Circle
Winter Springs FL 32708 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PED
CAIN, SHERRY
2733 FERNCREAK
ORLANDO FL 32806 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
Cain, Sherry
2733 Ferncreek
Orlando FL 32806 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
Ron Graham
PO Box 951681
Lake Mary FL 32795 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
Margery Graham
PO Box 951681
Lake Mary FL 32795 ☐ Change ☒ 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:

Sherry L. Cain
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/01 (407) 898-7201
Date Daytime Phone #

CR2E037 (10/00)