2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 05, 2000 8:00 am
Secretary of State
06-05-2000 90039 033 ****61.25

DOCUMENT # 739763

1. Entity Name

SYRIAN LEBANON AMERICAN CLUB OF ORLANDO, INC.

Principal Place of Business	Mailing Address
1208 CANTON AVE. P O BOX 531051 ORLANDO FL 32853	~~1208 CANTON AVE.~~ P O BOX 531051 ORLANDO FL 32853-1051

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: ORLANDO FL
Zip / Country	Zip: 32853-1051 / Country: USA

4. FEI Number: 59-1889837 ☐ 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
DEEB, MIKE 743 MARSCASTLE ST ORLANDO FL 32807	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	P GAZIL, RAYMOND 5094 HOPERITA STREET ORLANDO FL 32812	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P AMINE HARB 9025 BALMORAL MEWS SQ WINDERMERE FL 34786	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SPD HARB, AMINE 9025 BSLMORAL MEWS SQ ORLANDO FL 32815	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	FVP DR. FOUAD HAJJAR 9827 CAMBERLEY CIRCLE ORLANDO, FL 32836	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD HARMON, TANYA 1325 CEYLON DR ORLANDO FL 32806	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[redacted] S SANDY ILLER 2873 NAPLES DR WINTER PARK FL 32789	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DEEB, MIKE 743 MARCASTLE ST. ORLANDO FL 32807	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T GARY SKAFF 698 CRICKLEWOOD TER. HEATHROW, FL 32746	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T DEEB, THELMA 743 MARCASTLE ST ORLANDO FL 32807	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D NEO AIDE 3351 W. ST. BRIDES CIRCLE ORLANDO, FL 32812	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S AIDE, TRACI 3351 W ST BRIDES CIR ORLANDO FL 32806	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D EMILE JAMMAL 307 MURPHY ROAD WINTER SPRINGS, FL 32708	☐ Change ☒ Addition

CR2E037 (9/99)

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: [signature] GARY J. SKAFF 5/25/00 (407) 647-7275
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #