2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2001 8:00 am
Secretary of State
05-01-2001 90052 005 ****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	PO BOX 531051 ORLANDO FL 32853 ✓ US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
NONE	
Suite, Apt. #, etc. PROPERTY SOLD	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 HARB, AMINE 9025 BALMORAL MEWS SQ WINDERMERE FL 34786	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	FVP HAJJAR, FOUAD DR. 9827 CAMBERLEY CIRCLE ORLANDO FL 32836	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ 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	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T SKAFF, GARY 698 CRICKLEWOOD TER HEATHROW FL 32746	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREASURER ROSETTE LOUIS 3320 TALL TIMBER DR ORLANDO, FL 32812 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D AIDE, NED 3351 W ST BRIDGES CIRCLE ORLANDO FL 32812	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR JOHN BASILA 4709 JAMERSON PLACE ORLANDO, FLA 32807 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JAMMAL, EMILE 307 MURPHY ROAD WINTER SPRINGS FL 32708	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR KIRK ILLER 2873 NAPLES DRIVE WINTER PARK, FLA 32789 ☑ Change ☐ Addition

CR2E037 (10/00)

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.

EXT 217

SIGNATURE: SIGNATURE REQUIRED Rosette Louis 4/21/01 407-841-7151
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #