

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 750971

1. Entity Name

THE EXPLORER'S CLUB, CENTRAL FLORIDA CHAPTER, IN

Principal Place of Business

Mailing Address

P O BOX 620429
OVIEDO FL 32762-429
US

P O BOX 620429
OVIEDO FL 32762-0429
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

52-1266958

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

PHILLIPS, R. PATRICK
200 N. THORNTON AVENUE
ORLANDO FL 32801-9164

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 SD ☐ Delete
NAME WHITTIER, HENRY O
STREET ADDRESS P O BOX 620429 N/A
CITY-ST-ZIP OVEIDO FL 32762-0429

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VCD ☐ Delete
NAME LEE H. CLIFFORD
STREET ADDRESS 300 MELROSE AVE. #A-24
CITY-ST-ZIP WINTER PARK FL 32789-5605

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD ☒ Delete
NAME RUNDQUIST, PETER A.
STREET ADDRESS 7235 LAKE DRIVE.
CITY-ST-ZIP ORLANDO FL

TITLE Victor Tchelistcheff ☐ Change ☒ Addition
NAME 384 DeSoto Drive
STREET ADDRESS New Smyrna Beach FL 32069
CITY-ST-ZIP

TITLE D ☐ Delete
NAME PRITCHARD, PETER
STREET ADDRESS 401 CENTRAL AVENUE
CITY-ST-ZIP OVIEDO FL 32765

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE CD ☐ Delete
NAME WIATE, JOHN E.
STREET ADDRESS 500 TREASURE ISLAND CAUSEMWAY #504
CITY-ST-ZIP TREASURE ISLAND FL 33706

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN E. WATE

4/12/00

(727) 360 3470

Date

Daytime Phone #

CR2E037 (9/99)