

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 751557

1. Entity Name

NBL - ORLANDO, FLA. PARENTS COUNCIL ASSN., INC.

Principal Place of Business

231 E LAKSHORE BLVD.
KISSIMMEE FL 34744
US

Mailing Address

231 E LAKSHORE BLVD.
KISSIMMEE FL 34744
US

2. Principal Place of Business

6249 Christina Ct.
Suite, Apt. #, etc.

3. Mailing Address

6249 Christina Ct.
Suite, Apt. #, etc.

City & State

Orlando, FL.

City & State

Orlando, FL.

4. FEI Number

59-2890443

Applied For

Not Applicable

Zip

32810

Country

U.S.

Zip

32810

Country

U.S.

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

6. Name and Address of Current Registered Agent

SZASZ, JAMES A.
231 E LAKSHORE BLVD.
KISSIMMEE FL 34744

7. Name and Address of New Registered Agent

Name Charles McGuire

Street Address (P.O. Box Number is Not Acceptable)

6249 Christina Court

City Orlando

FL

Zip Code 32810

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

Charles McGuire Track-Director

1-16-01

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SZASZ, REBECCA 231 E. LAKESHORE BLVD. KISSIMMEE FL 34744	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SZASZ, JAMES A. 231 LAKESHORE BLVD KISSIMMEE FL 34744	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MCGUIRE, CHARLES 6249 CHRISTINA CT ORLANDO FL 32810	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MCGUIRE, SANDRA 6249 CHRISTINA CT ORLANDO FL 32810	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Charles McGuire 6249 Christina Court Orlando, FL. 32810	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Sandra McGuire 6249 Christina Ct. Orlando, FL. 32810	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Michael Cottle 1111 Sonoma Ct Longwood, FL 32750	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Bob Schmidt 3128 Greenfield Av Orlando, FL 32808	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Michelle Smith 4327 Rossmore Dr Orlando, FL 32810	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-16-01

407-295-1105

Date

Daytime Phone #

CR2E037 (10/00)

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