## **2000 UNIFORM BUSINESS REPORT (UBR)** DOCUMENT # 765443

## FILED Feb 11, 2000 8:00 am

Principal Place of Business   Nulling Address   Suite, April 4, etc.   Suite, April 4, etc.   Do NOT WRITER IN THIS SACE    2. Principal Place of Business   Suite, April 4, etc.   Do NOT WRITER IN THIS SACE    City 6, State   City 6, Stat	1. Entity Name  RESERVE FIREFIGHTERS ASSOCIATION OF ORANGE COUNT					Secretary of State				
SSIGNATURE  FILE NOW: FEE IS \$61.25  FILE NOW:	псоспу	E FINEFIGHTENS ASSOCIAT	TON OF ORANGE CO			C	2-11-2000 900	13 009 '	****61.25	5
WINTER PARK FL 37782 US  2. Principal Place of Business  Sulla Apt. 4, etc.  Sulla Apt. 4, etc.  City & State  City & State  City & State  City & State  Country  Cou	Principal Plac	ce of Business	Mailing Address		)					
Suite, Apt. 4, etc.   Suite Apt. 4, etc.   Suite Apt. 4, etc.   DO NOT WRITE IN THIS SPACE  City & State   City & State   4. FEI Number 59-2441213   Applied For Nath Application   Sp. 2441213   Applied For Nath Application   Sp. 2441213   S	WINTER PARK FL 32792		WINTER PARK FL 32792-7426			4 (884)) 48	ara Birdi danc mali brasa	A 1011 B1B10 W1	<b>0</b> 11 <b>0</b> 1 <b>0</b> 11 <b>0</b> 1 <b>0</b> 11	b) <b>j</b> i
Coy & State  City & State  Country  Zip  Country  S. Cartificate of Status Desired  S. Name and Address of Current Registered Again  Name	2. Principal F	Place of Business	3. Mailing Address							
Zip Country Zip Country S. Certificate of Status Desired   \$6.75 Additional Replaced	Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WRIT	TE IN THIS	SPACE	
MCCLOSKEY, E. LAWRENCE JR. 8590 AMORY COURT WINTER PARK FL 32792    Street Address (FO. Box Number is Not Acceptable)	City & State		City & State			FO.0444040				
MCCLOSKEY, E. LAWRENCE JR. 5530 AMORY COURT WINTER PARK Ft. 32792  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the state of Florida.  SIGNATURE    STILE NOW: FEE IS \$61.25   PO	Zip Country		·	Zip Country		5. Certificate	of Status Desired			
MCCLOSKEY, E. LAWRENCE JR.  5590 AMORY COURT WINTER PARK FL 32792  City FL Zip Code  City FL Zip Code  6. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Fiorida.  SIGNATURE  FILE NOW: FEE IS \$61,25  PD OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  TRITE NAME SIRET ADDRESS OFFI-51-2P  TITLE NAME NAME SIRET ADDRESS OFFI-51-2P  TITLE NAME NAME SIRET ADDRESS OFFI-51-2P  TITLE NAME SIRET NAME SIRET ADDRESS OFFI-51-2P  TITLE NAME SIRET NAME SIRET ADDRESS OFFI-51-2P  TITLE NAME SIRET ADDRESS OFFI-51-2P  ORLANDO FL  ORLANDO		6. Name and Address of Current	Registered Agent			7. Name and	Address of New R	egistered	Agent	
### Signature Court  WINTER PARK FL 32792  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 Fordia.    SIGNATURE				Name						
SIGNATURE  SIGNATURE  FILE NOW: FEE IS \$61.25  10. OFFICERS AND DIRECTORS  TRUST FUND COntribution  OFFICERS AND DIRECTORS  TRUST FUND CONTRIBUTE  TRUST REPORT STATE  TRUST ADMES  STREET ADMESS OF LANDO FL  STREET ADMESS STREET ADMESS STREET ADMESS OF LANDO FL  TITLE  TO BLANDO FL  STREET ADMESS				Street	Street Address (P.O. Box Number is Not Acceptable)					
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, speed or pristed reane or registered agent and title if applicable. (NOTE Registroed Agent egranare required when remaining)   Po				City		<del>.</del>	<del>.</del>	FI	Zip Co	de
SIGNATURE    FILE NOW: FEE IS \$61.25   S. Election Campaign Financing Trust Fund Contribution.   S. 5.00 May Be Added to Fees   Make Check Payable to Department of State	9 The should	and entity submits this statement for	v the aurage of changing its	ronistarad offina	or rogintoro	d seemt or both	h in the state of Ele		<u> </u>	
Signature, spread or grained name of registeries agent and stile if applicable.   NOTE. Registeries Agent soprature registeries registeries registeries and proper registeries registeries.   See	b. The above	s named entry submits this statement it	or the purpose of changing its	registered office t	or registere	a agent, or bot	n, in the state of 110	rida.		
Signature, spread or grained name of registeries agent and stile if applicable.   NOTE. Registeries Agent soprature registeries registeries registeries and proper registeries registeries.   See										
THE HOWELS RW STREET ADDRESS CITY-ST-ZIP TILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-S	SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	: Registered Agent sign	ature required v	vhen reinstating)		DATE		
TILE NAME STREET ADDRESS CITY-ST-ZIP TILE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS										
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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.

407-851-3908

SIGNATURE PROPERTY SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROSeann S. Bennett, As Treasurer 02/07/2000

Date Dayling Phone #

Daytime Phone #