

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K77396

1. Entity Name

JAMES C. ORR ASSOCIATES, INC.

FILED
Feb 09, 2000 8:00 am
Secretary of State

02-09-2000 90089 044 ***150.00

Principal Place of Business

1551 GARDEN STREET
TITUSVILLE FL 32796

Mailing Address

1551 GARDEN STREET
TITUSVILLE FL 32796-3269

2. Principal Place of Business

P.O. Box 780519

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ORLANDO FL

City & State

Zip

32878

Country

ORANGE

Country

4. FEI Number

59-2955640

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ORR, JAMES C.
1551 GARDEN ST
TITUSVILLE FL 32796

7. Name and Address of New Registered Agent

Name

JAMES C. ORR

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

233 WALTON HEATH DR.

City

ORLANDO

FL

Zip Code

32828

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

James Orr

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1-30-00

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so. ☐
(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE PD
NAME ORR, JAMES C.
STREET ADDRESS 1551 GARDEN ST
CITY-ST-ZIP TITUSVILLE FL

☐ Delete

TITLE SD
NAME ORR, DONNA L
STREET ADDRESS 1551 GARDEN ST
CITY-ST-ZIP TITUSVILLE FL 32796

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

James Orr

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-30-00

Date

Daytime Phone #

CR2E034 (9/99)