

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91441 046 ****61.25

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # N00000004771

1. Entity Name
ORLANDO VISUAL ARTISTS' LEAGUE, INC.



Principal Place of Business
**29 S. ORANGE AVENUE
ORLANDO, FL 32801**

Mailing Address
**29 S. ORANGE AVENUE
ORLANDO, FL 32801**

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

59-3660022

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**MORRIS, JAMES
C/O DOWNTOWN ARTS DISTRICT
398 W. AMELIA STREET
ORLANDO, FL 32801**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and (if applicable)

(NOTE: Registered Agent's 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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME SCHAIN, STEVE ☐ Delete
STREET ADDRESS 29 S. ORANGE AVENUE
CITY-ST-ZIP ORLANDO, FL 32801

TITLE VD
NAME KIRK, BRIAN ☐ Delete
STREET ADDRESS 29 S. ORANGE AVENUE
CITY-ST-ZIP ORLANDO, FL 32801

TITLE TD
NAME SCHNEIDER, RAE M ☒ Delete
STREET ADDRESS 29 S. ORANGE AVENUE
CITY-ST-ZIP ORLANDO, FL 32801

TITLE S
NAME POLLARD, SHARON ☒ Delete
STREET ADDRESS 29 S. ORANGE AVENUE
CITY-ST-ZIP ORLANDO, FL 32801

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

TITLE ☒ Change ☐ Addition
NAME **S WERONICA ANKARORU**
STREET ADDRESS **5230 RIDGEWAY DRIVE**
CITY-ST-ZIP **ORLANDO, FL 32819**

TITLE ☐ Change ☐ Addition
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, without other like empowered.

SIGNATURE:

Rae Marie Schneider
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RAE MARIE SCHNEIDER

4-29-03

Date

407-739-6428

Daytime Phone #

CR2E037 (10/02)