

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Jun 03, 2002 8:00 am
Secretary of State

06-03-2002 91163 008 ****61.25

DOCUMENT # N01000000150

1. Entity Name

ORCA INCORPORATED

Principal Place of Business

P.O. BOX 460
PORT RICHEY FL 34668

Mailing Address

P.O. BOX 460
PORT RICHEY FL 34668

2. Principal Place of Business

7835 Sagebrush Dr
Suite, Apt. #, etc.

3. Mailing Address

PO Box 460
Suite, Apt. #, etc.

City & State

Port Richey FL

City & State

Port Richey FL

Zip

34668

Country

US

Zip

34668

Country

4. FEI Number

59-3690054

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BELLON, ROBERT J
3473 AMBASSADOR AVE
SPRING HILL FL 34668

7. Name and Address of New Registered Agent

Name

Robert J Bellon

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

7835 Sagebrush Dr.

City

Port Richey

FL

Zip Code

34668

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, 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	Board member	<input type="checkbox"/> Delete
NAME	Michael Bellon	
STREET ADDRESS	7300 Pastel Sky St	
CITY-ST-ZIP	Las Vegas NV, 89129	
TITLE	Proxy Director/Board	<input type="checkbox"/> Delete
NAME	Dr. Andre Benson	
STREET ADDRESS	1709 Richardson Pl.	
CITY-ST-ZIP	Tampa FL 33606	
TITLE	Comm. Relations/Board	<input type="checkbox"/> Delete
NAME	Jean Wiley	
STREET ADDRESS	Tampa, FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Program supervisor	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Christine Kirk	
STREET ADDRESS	9043 Horizon Dr.	
CITY-ST-ZIP	Spring Hill FL 34618	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mr Michael Bellon	
STREET ADDRESS	7300 Pastel Sky St	
CITY-ST-ZIP	Las Vegas NV 89129	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dr Andre Benson	
STREET ADDRESS	1709 Richardson Pl	
CITY-ST-ZIP	Tampa FL 33606	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dr. marc klanman	
STREET ADDRESS	6446 Ridge Rd	
CITY-ST-ZIP	Port Richey FL 34668	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

5/28/02 727/842-4837

Date

Daytime Phone #

CR2E037 (9/01)