

2002 UNIFORM BUSINESS REPORT (UBR)

6/6

FILED
Aug 07, 2002 8:00 am
Secretary of State

06-06-2002 90084 030 ****61.25

DOCUMENT # N01000001336

1. Entity Name

OAK RIDGE CORRIDOR COALITION, INC.

Principal Place of Business

6138 BURHLEY COURT
 ORLANDO FL 32809

Mailing Address

6138 BURHLEY COURT
 ORLANDO FL 32809

40858



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

11-3644812

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

MOORE, DENISE
6138 BURHLEY COURT
ORLANDO FL 32809

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.

SIGNATURE

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	D	☐ Delete
NAME	BROWN, MARTHA	
STREET ADDRESS	6138 BURHLEY COURT	
CITY-ST-ZIP	ORLANDO FL 32809	
TITLE	D	☐ Delete
NAME	MOORE, DENISE	
STREET ADDRESS	6138 BURHLEY COURT	
CITY-ST-ZIP	ORLANDO FL 32809	
TITLE	D	☐ Delete
NAME	SERAAJ, KEVIN	
STREET ADDRESS	4502 CANNA DRIVE	
CITY-ST-ZIP	ORLANDO FL 32839	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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		
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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5-28-02

CR2E037 (9/01)