

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2002 8:00 am
Secretary of State

DOCUMENT # N01000003927

1. Entity Name

ORANGE COUNTY ARTS FOR A COMPLETE EDUCATION, INC

03-28-2002 90811 001 *****8.75
 03-28-2002 90811 002 *****61.25

Principal Place of Business

Mailing Address

55 W. CHURCH ST., SUITE 147
 ORLANDO FL 32801

55 W. CHURCH ST., SUITE 147
 ORLANDO FL 32801

2. Principal Place of Business

3. Mailing Address

P.O. Box 131

P.O. Box 131

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Winter Park, FL

Winter Park, FL

Zip 32790-0131 Country U.S.

Zip 32790-0131 Country US

4. FEI Number

Applied For

EIN 59-3724818

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WEBSTER, THEO M
 759 ALTON AVE.
 ORLANDO FL 32804

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Delete
 NAME WEBSTER, THEO
 STREET ADDRESS 759 ALTON AVE.
 CITY-ST-ZIP ORLANDO FL 32804

TITLE P/D ☒ Change ☐ Addition
 NAME Webster, Theo
 STREET ADDRESS
 CITY-ST-ZIP

TITLE D ☐ Delete
 NAME OLSON, TERRY
 STREET ADDRESS 55 W. CHURCH ST., SUITE 147 201 S. Rosalind
 CITY-ST-ZIP ORLANDO FL 32801

TITLE D/T ☒ Change ☐ Addition
 NAME Olson, Terry
 STREET ADDRESS 201 S. Rosalind
 CITY-ST-ZIP Orlando, FL 32801

TITLE D ☐ Delete
 NAME BRETZ, KATY
 STREET ADDRESS 224 N. LAKE CORTEZ DR.
 CITY-ST-ZIP APOPKA FL 32703

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

TITLE D ☐ Delete
 NAME BANACKI-GILLERT, CARRIEANN
 STREET ADDRESS 900 E. PRINCETON ST.
 CITY-ST-ZIP ORLANDO FL 32803

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

TITLE D ☐ Delete
 NAME SWING, MARCE
 STREET ADDRESS 9310 BAY VISTA ESTATES BLVD.
 CITY-ST-ZIP ORLANDO FL 32836

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

TITLE D ☐ Delete
 NAME EFFALDANA, PETER
 STREET ADDRESS 649 W. LIVINGSTON ST.
 CITY-ST-ZIP ORLANDO FL 32801

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: Theo M. Webster THEO M. Webster, President 3-7-02 407849-2016

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)

0011959