

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N01000006189**

1. Entity Name

ORLANDO TAXI DRIVERS ASSOCIATION, INC.**FILED****Jun 03, 2002 8:00 am
Secretary of State**

06-03-2002 91186 010 ****61.25

Principal Place of Business

**710 W COLONIAL DR. STE 104
ORLANDO FL 32804**

Mailing Address

**710 W COLONIAL DR. STE 104
ORLANDO FL 32804**

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

01-0589496

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent**MILLER, SOUTH & MILHAUSEN, P.A.
2699 LEE RD, STE 120
WINTER PARK FL 32789****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 \$61.259. 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 **THEAGENE, JEAN J**
STREET ADDRESS **5506 ARNOLD PALMER DR. #1435**
CITY-ST-ZIP **ORLANDO FL 32811**TITLE **D** ☐ Delete
NAME **CHATELAIN, ARIESTIDE**
STREET ADDRESS **1732 - 28TH ST**
CITY-ST-ZIP **ORLANDO FL 32805**TITLE **D** ☐ Delete
NAME **ELNEUS, JEAN L**
STREET ADDRESS **710 W COLONIAL DR**
CITY-ST-ZIP **ORLANDO FL 32804**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)