

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

**FILED**  
**May 30, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90131 024 \*\*\*\*61.25

<b>DOCUMENT #</b> N02000005560
<b>1. Entity Name</b>
ORLANDO GOLD VBC, INC.

<b>DO NOT WRITE IN THIS SPACE</b>
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**55044924**

<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b>
1700 LORENA LANE	1700 LORENA LANE
Suite, Apt. #, etc.	Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

<b>City &amp; State</b>	<b>City &amp; State</b>
ORLANDO, FLORIDA	ORLANDO, FLORIDA
<b>Zip</b>	<b>Zip</b>
32806	32806
<b>Country</b>	<b>Country</b>
USA	USA

<b>4. FEI Number</b>	<b>Applied For</b>
36-4507592	Not Applicable
<b>5. Certificate of Status Desired</b>	<b>\$8.75 Additional Fee Required</b>
<input type="checkbox"/>	

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<b>7. Name and Address of Current Registered Agent</b>
<b>Name</b>
JAMES P. BEAIRD
<b>Street Address (P.O. Box Number is Not Acceptable)</b>
1700 LORENA LANE
<b>City</b>
ORLANDO
<b>FL</b>
<b>Zip Code</b>
32806

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** J. Beaird - JAMES BEAIRD 22 MAY 03  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FEE IS \$61.25</b> <b>Initial or Amended UBR</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to</b> <b>Florida Department of State</b>
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<b>10. OFFICERS AND DIRECTORS</b>			
<b>TITLE</b>	PRESIDENT, DIRECTOR	<b>TITLE</b>	
<b>NAME</b>	JAMES P. BEAIRD	<b>NAME</b>	
<b>STREET ADDRESS</b>	1700 LORENA LANE	<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	ORLANDO, FLORIDA 32806	<b>CITY - ST - ZIP</b>	
<b>TITLE</b>	TREASURER, SECRETARY, DIRECTOR	<b>TITLE</b>	
<b>NAME</b>	RHONDA L. RIESZ	<b>NAME</b>	
<b>STREET ADDRESS</b>	1700 LORENA LANE	<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	ORLANDO, FLORIDA 32806	<b>CITY - ST - ZIP</b>	
<b>TITLE</b>	DIRECTOR	<b>TITLE</b>	
<b>NAME</b>	MARY IANDOLO	<b>NAME</b>	
<b>STREET ADDRESS</b>	9661 CAMBERLEY CIRCLE	<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	ORLANDO, FLORIDA 32836	<b>CITY - ST - ZIP</b>	
<b>TITLE</b>		<b>TITLE</b>	
<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>		<b>CITY - ST - ZIP</b>	
<b>TITLE</b>		<b>TITLE</b>	
<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>		<b>CITY - ST - ZIP</b>	
<b>TITLE</b>		<b>TITLE</b>	
<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>		<b>CITY - ST - ZIP</b>	

**DO NOT WRITE IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

**SIGNATURE:** J. Beaird - JAMES BEAIRD 22 MAY 03 407-206-6007  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037B (12/02)