2000 UNIFORM BUSINESS REPORT (UBR)

FILED May 23, 2000 8:00 am Secretary of State **DOCUMENT # N12563** 1. Entity Name HOLDEN AVENUE INTER-NEIGHBORHOOD COUNCIL, INC. 05-23-2000 90261 032 ****61.25 Principal Place of Business Mailing Address P.O. BOX 568412 P.O. BOX 568412 ORLANDO FL 32856-8412 ORLANDO FL 32856-8412 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-2661919 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) DITTMER, WOHLUST & WILK 230 LOOKOUT PLACE MAITLAND FL 32794 Zip Code City 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees **Department of State** FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. Addition X Delete TITLE Change CDWILKINS, ROBERT NAME LaJoie, Donald STREET ADDRESS STREET ADDRESS 621 MACARTHUR ST 4604 South Shore Drive CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32839 Orlando, FL 32839 ۷D ☐ Delete TITLE ☐ Change ☐ Addition TITLE WORTHEN, JAMES NAME NAME STREET ADDRESS STREET ADDRESS 4655 CASA GRANDE COURT CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL ☐ Delete ☐ Change ☐ Addition TITLE TD TITLE NAME CLICK, DORIS NAME STREET ADDRESS STREET ADDRESS 228 DOOLITTLE STREET CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL Change ☐ Addition ☐ Delete TITLE NAME NAME Young, Edward STREET ADDRESS STREET ADDRESS 4402 Brandeis Avenue CITY-ST-ZIP CITY-ST-7IP Orlando, FL 32839 ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITI F NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

Date