

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N15109

1. Entity Name

DOWNTOWN ATHLETIC CLUB OF ORLANDO FOUNDATION, IN

Principal Place of Business

540 TIMBER RIDGE DR
LONGWOOD FL 32779
US

Mailing Address

PO BOX 4062
ORLANDO FL 32802-4062
US

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

59-2838921

Applied For

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

FERGUSON, SHELLY
540 TIMBER RIDGE DR
LONGWOOD FL 32779

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 LONDON, CHIP
STREET ADDRESS 670 MOSSEY CT
CITY-ST-ZIP LONGWOOD FL 32779

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

TITLE D ☒ Delete
NAME COSMIDES, JAMES
STREET ADDRESS 800 N MAGNOLIA AVE 108
CITY-ST-ZIP ORLANDO FL

TITLE ☐ Change ☒ Addition
NAME DON C. LANORY
STREET ADDRESS 7061 GRAND NATIONAL DR. #138
CITY-ST-ZIP ORLANDO, FL 32819

TITLE P ☐ Delete
NAME RANSON, RANDY
STREET ADDRESS 401 W COLONIAL DR 2
CITY-ST-ZIP ORLANDO FL

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

TITLE D ☐ Delete
NAME DROPKIN, STUART
STREET ADDRESS 1355 ORANGE AVE 4
CITY-ST-ZIP WINTER PARK FL

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

TITLE T ☐ Delete
NAME DURKEE, THOMAS
STREET ADDRESS 201 E PINE ST 550
CITY-ST-ZIP WINTER PARK FL 32801

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

TITLE SD ☐ Delete
NAME FERGUSON, SHELLEY
STREET ADDRESS 540 TIMBER RIDGE DR
CITY-ST-ZIP LONGWOOD FL

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

1/25/00

407-425-5550

Date

Daytime Phone #

CR2E037 (9/99)

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90088 012 ****61.25

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DO NOT WRITE IN THIS SPACE