

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N18406

1. Entity Name

THE SOUTH ORLANDO ROWING ASSOCIATION, INC.

Principal Place of Business

1720 E. GATLIN AVE.
ORLANDO FL 32806
US

Mailing Address

P.O. BOX 568782
ORLANDO FL 32856-8782
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

59-2756841

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

BOROFF, SUZANNE
5300 -2 WHITE CLIFF LANE
ORLANDO FL 32812

Name

Harriet P Lathin

Street Address (P.O. Box Number is Not Acceptable)

2215 Bradford Ct

Orlando FL

City

Orlando

FL

Zip Code

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.

SIGNATURE

Harriet P Lathin, Harriet P Lathin

4-17-00

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

TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	COWIN, AMANDA	
STREET ADDRESS	1501 BELMONT DR	
CITY-ST-ZIP	ORLANDO FL 32806	
TITLE	DV	<input type="checkbox"/> Delete
NAME	GREEN, EARL	
STREET ADDRESS	3331 CARLA ST	
CITY-ST-ZIP	ORLANDO FL	
TITLE	PS	<input type="checkbox"/> Delete
NAME	OREAR, SUSAN	
STREET ADDRESS	4062 LAKE CONWAY WOODS BLVD	
CITY-ST-ZIP	ORLANDO FL	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	BOROFF, SUZANNE	
STREET ADDRESS	5300 2 WHITE CLIFF LN	
CITY-ST-ZIP	ORLANDO FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jeffrey Raines	
STREET ADDRESS	935 Lenmore Ct	
CITY-ST-ZIP	Orlando, FL 32812	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Earl Green	
STREET ADDRESS	3331 Carla St	
CITY-ST-ZIP	Orlando FL 32806	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Harriet P Lathin	
STREET ADDRESS	2215 Bradford Ct	
CITY-ST-ZIP	Orlando, FL 32806	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Harriet P Lathin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-00

Date

4078513655

Daytime Phone #

CR2E037 (9/99)



DO NOT WRITE IN THIS SPACE