

5/17

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 20, 2001 8:00 am
Secretary of State

05-17-2001 91348 006 ****61.25

DOCUMENT # N18406

1. Entity Name

THE SOUTH ORLANDO ROWING ASSOCIATION, INC.

Principal Place of Business

Mailing Address

1720 S. GATLIN AVE. **Turkey Lake** P.O. BOX 568782
 ORLANDO FL 32806 **Park** ORLANDO FL 32806
 US **3401 SHIAWASSEE ROAD**
Orlando FL 32835

49238



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Turkey Lake Park
 Suite, Apt. #, etc.

3401 SHIAWASSEE ROAD
 City & State

Orlando FL
 City & State

32835
 Zip

USA
 Country

32835
 Zip

USA
 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

LATTIN, HARRIET P
2215 BRADFORD CT
ORLANDO FL 32806

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

Harriet P. Latin, Treasurer

5-3-01

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	PD	<input checked="" type="checkbox"/> Delete
NAME	GREEN, EARL	
STREET ADDRESS	3331 CARLA ST	
CITY-ST-ZIP	ORLANDO FL 32806	
TITLE	PS	<input checked="" type="checkbox"/> Delete
NAME	OREAR, SUSAN	
STREET ADDRESS	4062 LAKE CONWAY WOODS BLVD	
CITY-ST-ZIP	ORLANDO FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	RAINES, JEFFREY	
STREET ADDRESS	935 LENMORE CT	
CITY-ST-ZIP	ORLANDO FL 32812	
TITLE	TD	<input type="checkbox"/> Delete
NAME	LATTIN, HARRIET P	
STREET ADDRESS	2215 BRADFORD CT	
CITY-ST-ZIP	ORLANDO FL 32806	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Green, Earl	
STREET ADDRESS	3331 Carla St	
CITY-ST-ZIP	Orlando FL 32806	
TITLE	Vice Pres	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Boget, William H, Jr	
STREET ADDRESS	1921 Weeks Ave	
CITY-ST-ZIP	Orlando FL 32806	
TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Raines, Jeffrey	
STREET ADDRESS	935-Lenmore Ct	
CITY-ST-ZIP	Orlando FL 32812	
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		

CR2E037 (10/00)

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. Latin* **Harriet P Latin** **5-3-01** **4078513655**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #