

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2002 8:00 am
Secretary of State

05-23-2002 90109 050 ****61.25

DOCUMENT # N18406

1. Entity Name

THE SOUTH ORLANDO ROWING ASSOCIATION, INC.

Principal Place of Business

**TURKEY LAKE PARK
 3401 S. HIAWASSEE ROAD
 ORLANDO FL 32835
 US**

Mailing Address

**P.O. BOX 568782
 ORLANDO FL 32806
 US**

2. Principal Place of Business

3. Mailing Address

PO Box 568 782

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Orlando, FL

4. FEI Number

59-2756841

Applied For

Not Applicable

Zip

Country

32856-8782

Country

USA

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 Lattin, **Harriet P Lattin, Treasurer**

4-29-02

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 **SD** ☐ Delete
 NAME **GREEN, EARL**
 STREET ADDRESS **3331 CARLA ST**
 CITY-ST-ZIP **ORLANDO FL 32806**

TITLE **Vice President** **VPD** ☒ Change ☐ Addition
 NAME **Green, Earl**
 STREET ADDRESS **3331 Carla St**
 CITY-ST-ZIP **Orlando, FL 32806**

TITLE **VPD** ☒ Delete
 NAME **BOGERT, WILLIAM H JR**
 STREET ADDRESS **1921 WEEKS AVE**
 CITY-ST-ZIP **ORLANDO FL 32806**

TITLE **President** **PD** ☐ Change ☒ Addition
 NAME **Smith, Alan**
 STREET ADDRESS **4101 Bell Tower Court**
 CITY-ST-ZIP **Orlando, FL 32812**

TITLE **PD** ☒ Delete
 NAME **RAINES, JEFFREY**
 STREET ADDRESS **935 LENMORE CT**
 CITY-ST-ZIP **ORLANDO FL 32812**

TITLE **Secretary** **SD** ☐ Change ☒ Addition
 NAME **Crowell, Maureen**
 STREET ADDRESS **3611 Pershing Ave**
 CITY-ST-ZIP **Orlando, FL 32812**

TITLE **TD** ☐ Delete
 NAME **LATTIN, HARRIET P**
 STREET ADDRESS **2215 BRADFORD CT**
 CITY-ST-ZIP **ORLANDO FL 32806**

☐ Change ☐ Addition

☐ Delete

☐ Change ☐ Addition

☐ Delete

☐ Change ☐ Addition

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 Lattin, **Harriet P Lattin, Treas.** **4-29-02** **4078513655**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)