

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 01, 2002 8:00 am
Secretary of State

07-01-2002 90351 012 ****61.25

DOCUMENT # N23783

1. Entity Name

ORLANDO CARNIVAL ASSOCIATION, INC.

Principal Place of Business

Mailing Address

7668 SILVER CROWN CT.
 ORLANDO FL 32818
 US

7668 SILVER CROWN CT.
 ORLANDO FL 32818
 US

2. Principal Place of Business

3. Mailing Address

7668 Silver Crown Ct

7668 Silver Crown Ct

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Orlando, FL

Orlando, FL

Zip

Country

Zip

Country

32818

US

32818

US

4. FEI Number

NOT APPLICABLE

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

O'CONNER, JULIA
 7668 SILVER CROWN COURT
 ORLANDO FL 32818

Name: Julia O'Connor
 Street Address (P.O. Box Number is Not Acceptable)
 7668 Silver Crown Court

City: Orlando FL Zip Code: 32818

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
 NAME: O'CONNOR, JULIA
 STREET ADDRESS: 7668 SILVER CROWN CT.
 CITY-ST-ZIP: ORLANDO FL 32818 ☐ Delete

TITLE: Ms Maureen Brian
 NAME: Ms Maureen Brian
 STREET ADDRESS: 4732 Beacen Street
 CITY-ST-ZIP: Orlando, FL. 32808 ☐ Change ☒ Addition

TITLE: D
 NAME: GILBERT, JOHNSON
 STREET ADDRESS: 4833 URE STREET
 CITY-ST-ZIP: ORLANDO FL 32819 ☐ Delete

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

TITLE: T
 NAME: HARRIS, ALLEN
 STREET ADDRESS: 1001 SANTA ANITA
 CITY-ST-ZIP: ORLANDO FL 32818 ☐ Delete

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

TITLE: T
 NAME: HEADLEY, MARCIA
 STREET ADDRESS: 1353 VICKERS LAKE RD.
 CITY-ST-ZIP: OCOEE FL 32761 ☐ Delete

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

TITLE: T
 NAME: NARINE, HARRY
 STREET ADDRESS: 5279 VAMAIOR APT 274
 CITY-ST-ZIP: ORLANDO FL 32808 ☒ Delete

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

TITLE:
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:
☐ Delete

TITLE:
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:
☐ 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/02

407-237-4591

CR2E037 (9/01)