

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N24166

1. Entity Name

ORLANDO AREA THEATRE ORGAN SOCIETY, INC.

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90232 033 ****61.25

Principal Place of Business

549 KAREN AVENUE
ALTAMONTE SPRINGS FL 32701
US

Mailing Address

16 COBBLESTONE COURT
CASSELBERRY FL 32707-5410
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

59-2914026

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

TILSCHNER, WAYNE
549 KAREN AVENUE
ALTAMONTE SPRINGS FL 32701

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 ☐ Delete
NAME
D TILSCHNER, WAYNE
STREET ADDRESS
549 KAREN AVE
CITY-ST-ZIP
ALTAMONTE SPRINGS FL

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

TITLE ☐ Delete
NAME
SD FERRAR, DORIS B
STREET ADDRESS
115 WOODLAND DRIVE
CITY-ST-ZIP
LEESBURG FL

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

TITLE ☐ Delete
NAME
VPD THOMAS, WARREN
STREET ADDRESS
5939 KENDREW
CITY-ST-ZIP
PT ORANGE FL

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

TITLE ☐ Delete
NAME
TD HENSING, HAZEL B.
STREET ADDRESS
16 COBBLESTONE COURT
CITY-ST-ZIP
CASSELBERRY FL

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

TITLE ☐ Delete
NAME
PD BOWER, RON
STREET ADDRESS
105 WHIPPERWILL DRIVE
CITY-ST-ZIP
ALTAMONTE SPRINGS FL

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Hazel B. Hensing* HAZEL B. Hensing

04-07-2000 407-830-8548

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #