

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 19, 2001 8:00 am
Secretary of State

04-19-2001 90332 045 ****61.25

DOCUMENT # N24166

1. Entity Name

ORLANDO AREA THEATRE ORGAN SOCIETY, INC.

Principal Place of Business

549 KAREN AVENUE
ALTAMONTE SPRINGS FL 32701
US

Mailing Address

16 COBBLESTONE COURT
CASSELBERRY FL 32707
US

2. Principal Place of Business

5939 Kendrew Drive

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Port Orange FL

City & State

4. FEI Number

59-2914026

Applied For

Not Applicable

Zip

32127

Country

US

Zip

Country

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TILSCHNER, WAYNE
549 KAREN AVENUE
ALTAMONTE SPRINGS FL 32701

7. Name and Address of New Registered Agent

Name
Warren Thomas
Street Address (P.O. Box Number is Not Acceptable)
5939 Kendrew Drive
City
Port Orange FL Zip Code
32127

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 *Warren Thomas*
Signature, typed or printed name of registered agent and title if applicable.

Warren Thomas, Pres./Dir.
(NOTE: Registered Agent signature required when reinstating)

APR 14, 2001
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	D	<input checked="" type="checkbox"/> Delete
NAME	TILSCHNER, WAYNE	
STREET ADDRESS	549 KAREN AVE	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	FERRAR, DORIS B	
STREET ADDRESS	115 WOODLAND DRIVE	
CITY-ST-ZIP	LEESBURG FL	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	THOMAS, WARREN	
STREET ADDRESS	5939 KENDREW	
CITY-ST-ZIP	PT ORANGE FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	HENSING, HAZEL B.	
STREET ADDRESS	16 COBBLESTONE COURT	
CITY-ST-ZIP	CASSELBERRY FL	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	BOWER, RON	
STREET ADDRESS	105 WHIPPERWILL DRIVE	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	
TITLE	VP/D	<input type="checkbox"/> Delete
NAME	Cole, Susan	
STREET ADDRESS	1211 Old Highway 441	
CITY-ST-ZIP	Mount Dora FL 32757	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DuBois, Phil	
STREET ADDRESS	P.O.Box 49237	
CITY-ST-ZIP	St. Petersburg FL 33743	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Laval, Juliette	
STREET ADDRESS	70 Lucerne Circle #200	
CITY-ST-ZIP	Orlando FL 32801	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Thomas, Warren	
STREET ADDRESS	5939 Dendrew Drive	
CITY-ST-ZIP	Port Orange FL	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Doyle, Jack	
STREET ADDRESS	1631 Fishermans Street	
CITY-ST-ZIP	Merritt Island FL 32952	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Steele, John	
STREET ADDRESS	5939 Kendrew Drive	
CITY-ST-ZIP	Port Orange FL 32127	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jeerings, Donald	
STREET ADDRESS	3456 Futch Road	
CITY-ST-ZIP	Plant City FL 33566	

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(407) 830-8548

Date

Daytime Phone #

CR2E037 (10/00)

Attachment

#D0039219

N24106

ORLANDO AREA THEATRE ORGAN SOCIETY, INC.
5939 Kendrew Drive
Port Orange FL 32127-5887

FEI Number
59-2914026

COMPLETE LIST OF OFFICERS AND DIRECTORS AS OF FEBRUARY 18, 2001

President/Director
Thomas, Warren
5939 Kendrew Drive
Port Orange FL 32127-5887

Director
Doyle, Jack
1631 Fishermans Street
Merritt Island FL 32952

Vice President/Director
Cole, Susan
1211 Old Highway 441
Mount Dora FL 32757

Director
DuBois, Phil
P.O.Box 49237
St. Petersburg FL 33743

Secretary, Director
Ferrar, Doris
115 Woodland Drive
Leesburg FL 34788

Director
Laval, Juliette
70 Lucerne Circle #200
Orlando FL 32801

Treasurer/Director
Hensing, Hazel B.
16 Cobblestone Court
Casselberry FL 32707

Director
Jeerings, Donald
3456 Futch Road
Plant City FL 33566

Director
Steele, John
5939 Kendrew Drive
Port Orange FL 32127